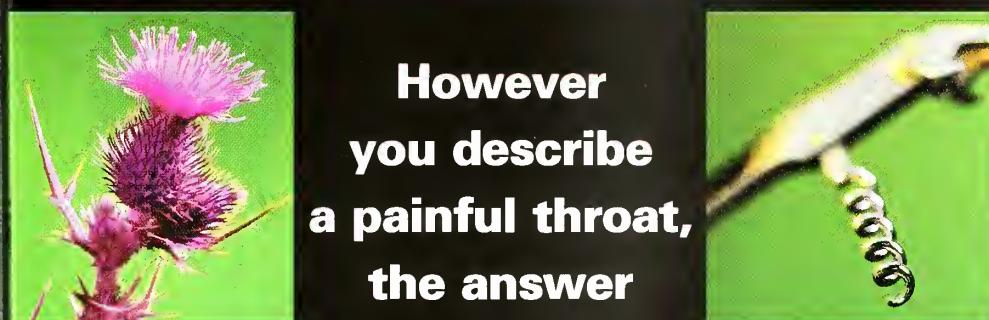


# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY



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 CROOKES HEALTHCARE

**OTC referral trial underway with Leics GPs**

*Barry pharmacist struck off for £100k script fiddle*

*43 nations meet at IPSF 50th Congress*

*Boots launches 'men only' concept stores*

*Ex-Hadley Hutt chairman sets up new software firm*

**Update:** cutting NHS costs – generically

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# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 252 No 6202 139th YEAR OF PUBLICATION ISSN 0009-3033

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## COMMENT

The Office of Health Economics, largely funded by the Association of the British Pharmaceutical Industry, must have been delighted with the coverage it achieved on publication of the latest edition of its 'Compendium of Health Statistics' (see p4). The choice cuts thrown to the national dailies produced Friday, August 13 headlines such as 'Britain bottom of the health league' (*Daily Mail*) and 'Britain doomed to head Europe heart deaths table' (*The Times*). With a reminder (from the OHE, naturally) that under 'Our Healthier Nation' the Government has set a target of reducing the death rate from heart disease and stroke by at least two-fifths by 2010, it was just too good to miss! There are, of course, lies, damn lies and statistics. Deaths from heart disease are linked to personal lifestyle as much as to the effectiveness of the NHS. *Per capita* health expenditure may be way below that in Germany or in the US, but that does not relate to the standard of healthcare provision as much as the over-inflated prices of an insurance-based system. However, there are figures that tell a much less complicated story. The average workload of pharmacists, as measured by the volume of NHS dispensing, has risen 43 per cent in the past decade. Pharmacists' income as a percentage of the gross cost of pharmaceutical services has declined from 23 to 13 per cent over the same period, and the number of pharmacies per 100,000 population has declined by 3 per cent (the UK, incidentally, along with Holland and Denmark, has the lowest number of pharmacies per 1,000 population among OECD countries). It is a picture of a sector that is overstretched and unrewarded. Small wonder that morale is so poor among community pharmacists, a situation not helped by last week's pay imposition. Small wonder that there is little enthusiasm - and no incentive - to work alongside GPs and nurses in PCGs. Some statistics do not lie.

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Editor Patrick Grice, AIRPharmS

Assistant Editor Maria Murray, AIRPharmS

Technical Editor Fawz Farhan, MRPPharmS

Business Editor Guy L'Aimable, BA

News Editor Charles Gladwin AIRPharmS

Contributing Editor Adrienne de Mont MRPPharmS

Beauty Editor Sarah Thackray

Reporter Steven Bremer MRPPharmS

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## 'Fraudbusters' to be trained to beat fraud

Another kind of professional is set to join the burgeoning healthcare team - the Government is to appoint 500 specially trained fraudbusters'.

"The National Health Service is to become the first healthcare system in the world to deploy specially trained and professionally qualified counter-fraud experts to ensure that taxpayers' money gets spent on patient care, [and is] not illegally diverted through fraud," said health secretary Frank Dobson.

Beginning in September, over 500 NHS staff will be trained in the skills of countering fraud, including prompt detection, appropriate legal action, and deterrence. Training courses will be at foundation and advanced levels and could lead to BSc and MSc degrees.

All 99 health authorities are sending representatives for training in September, and representatives from all 375 NHS trusts will be trained from next April.

The NHS Directorate of Counter Fraud Services and the Audit Commission will be working in partnership to identify systems open to potential abuse. Under a new agreement, audit specialists and counter fraud specialists will work together exchanging details on a case by case basis.

## ESPS payments increase by 3pc

Payments for the 283 pharmacy contractors in the Essential Small Pharmacy Scheme are to increase by 3 per cent, in line with the recent imposed increase in the global sum for England and Wales.

The annual target payment for 1999-2000 is £37,780, compared to £36,640 in 1998-99. The increase will be backdated to April, and in order to cover this, the maximum monthly payment will be increased to £2,910 for July.

The ESPS threshold this year is 19,536 scripts, down from 19,884 in 1998-99, because of the increase in the average dispensing fee this year.

The maximum ESPS payment this year is £2,630; last year's was £2,550.

## Increase in 'adverse incidents' for devices

The Medical Devices Agency dealt with 6,125 adverse incident reports involving medical devices, and issued 42 warning notices in 1998-99.

The agency's annual report says that the number of adverse incident reports has increased by 60 per cent in

# Boots funds Leicester OTC referral form trial

Boots the Chemists is sponsoring a trial of a referral form that GPs can use when recommending an OTC medicine.

The form, being issued by 100 GPs in Leicester, carries no mention of Boots and can be taken to any pharmacy. The doctor asks patients with minor ailments if they would accept an OTC medicine instead of a prescription, and then ticks an appropriate product on the form.

The form covers hay fever remedies, with suggested products Piriton, Claritin, Beconase and Opticrom; pain relief, where Nurofen, Syndol, Solpadeine and Migraleve are suggested, as well as generic aspirin, paracetamol and ibuprofen; athlete's foot (Daktarin, Mycil); verrucas (Bazuka); constipation (Fybogel); diarrhoea (Imodium Plus, Dioralyte Relief); indigestion (Zantac, Gaviscon Advance, Pepeid AC); and thrush (Canesten). In each case there is space for the doctor to tick an alternative recommendation.

The forms were developed in consultation with the GPs who were asked what they thought were the most suitable products. The pilot will run for six months, after which GPs, pharmacists and patients will be asked for their views.

A spokeswoman said that, if successful, the scheme could be extended to other seasonal products, such as winter remedies. It was not possible to say at this stage whether Boots would finance the forms nationwide.

Leicester GP, Mike Mead, said: "Roughly 40 per cent of GP consultations relate to self-limiting minor ailments, many of which could be treated by self-medication. Community pharmacists are easily accessible to patients to provide consultations on minor ailments, and can recommend appropriate OTC medicines."



## Script numbers up 43pc over decade

The number of NHS prescriptions dispensed in the UK has increased by 43 per cent over the past decade, according to the Office of Health Economics.

But pharmacists' income as a percentage of the gross cost of pharmaceutical services has fallen, from 23 to 13 per cent over the same period. The latest edition of the 'Compendium of Health Statistics' attributes this to an increase in the aggregate net ingredient cost of over 70 per cent to £5,334 million.

The rise in prescription numbers has been largely due to the increased

elderly population. Prescriptions for patients aged over 60 more than doubled during the decade, to account for nearly half of all prescriptions dispensed in 1997. On average, the elderly received 25 items per head, compared to 12 in 1978. In contrast, the number of prescriptions dispensed to those of working age fell from 5.5 to 1.5.

Northern Ireland has the highest level of prescriptions dispensed *per capita* of the UK countries. In the province, patients received an average of 12.7 prescriptions in 1997, compared to 9.4 in England.

About half the UK population is now entitled to free prescriptions, up 22 million people since 1969. Despite an increase in prescription charge revenue, its contribution to the total cost of pharmaceutical services was still only about 7 per cent in 1997.

Spending on pharmaceutical services has grown by 63 per cent in real terms over the decade, to represent 12.6 per cent of NHS spending in 1997. NHS expenditure on pharmaceuticals accounts for about 0.7 per cent of GDP, about half of that in Germany, and a third of that in France.

## £4.8m lump sum to be paid out over next two months

Contractors in England and Wales are to get an additional fee added to their monthly payments during August and September.

The money, totalling £4.8 million, is due to contractors because lower than expected prescription volumes meant the global sum was not 'used up' last year (see *C&D* last week, p4).

For August and September, the following additional amounts will be paid:

- £0.04 for each item attracting a basic dispensing fee
- £80 on the professional allowance
- £0.16 per script on the graduated professional allowance.

The NHS Executive had proposed

that the Pricing Authority make the payment as a lump sum in proportion to each contractor's total remuneration. However, the PPA claims that because it is "under considerable pressure from the Category D situation", the earliest it could pay out the lump sum in the manner proposed by the NHSE would be February 2000.

In view of the request from the Pharmaceutical Services Negotiating Committee to receive the money as soon as possible, the NHSE has adopted this alternative payment method.

**Diazepam oral solution recall**

Cox Pharmaceuticals is recalling diazepam oral solution 2mg in 5ml, 500ml size, batch number 22460, expiry date February 2002. This is due to variation in the viscosity of the solution, resulting in variation in the content of the active ingredient. This class two recall was issued on August 17. For further information, contact Cox on 01271 311285.

**Vancocin recall**

Eli Lilly is recalling Vancocin CP injection 250mg, batch number Z2MD16A, as a precautionary measure. A small number of vials from this batch have developed cracks around the base, causing it to detach from the vial. This class three medicines recall was issued on August 16. For further information, contact Eli Lilly on 01256 315999.

**Scottish monthly statistics**

There were 4,698,304 prescriptions dispensed in Scotland in March, 4,689,066 by chemist contractors, at a total cost to the exchequer of £48,872,145. For chemist contractors, the ingredient cost per prescription was £9.4566, dispensing fees were £0.9495 with a professional allowance of £0.3508 and a cost of £0.0016. The gross total per prescription was £10.8910 or £10.2696 net. The average CD fees cost per prescription was £0.094.

**Aristolochia Order**

The Medicines (Aristolochia) (Emergency Prohibition) Order 1999 to bring unlicensed products containing *Aristolochia* under control while a consultation takes place, (C&D July 31, p7), has been published. Priced at £1.50, the Order (ISBN 0 11 082996) is available from the Stationery Office.

**Migraine Awareness Week**

This year's Migraine Awareness Week, from September 6-12, aims to make sufferers more aware of the importance of the doctor-patient partnership, and how best to communicate the impact migraine has on life. A leaflet, 'Tackling migraine together' is available from the Migraine Action Association, 178a High Road, Byfleet, Surrey KT14 7ED. Tel: 01932 352468.

**USP warns on pet flea lotions**

The US Pharmacopeia has issued a warning about liquid flea products containing 45 to 65 per cent concentrations of permethrin, intended for use on dogs. When used on cats, these can be toxic or fatal. Flea sprays for cats have much lower levels of permethrin. Purchasers are advised to read labels carefully.

# Pharmacy to be promoted to NHSIS 'movers and shakers'

Pharmacy is to be promoted to "movers and shakers" in the NHSIS at a conference held by the Scottish Department of the Royal Pharmaceutical Society.

To be held on November 8 in Edinburgh, the conference will aim to "inform and educate the audience on all aspects of pharmacy and give an understanding of the totality of the service". The invited audience will include chairmen, chief executives, and directors of health boards, chairmen and chief executives of primary care trusts, and the chairman and chief executive of the British Medical Association. An

audience of 80-100 is expected.

The speakers will be Graeme Millar, chairman of the Scottish department of the Society, Susan Deacon, minister of

health for Scotland, Dr James Dunbar, medical director of Borders PCT, and George Romanes of the Scottish Pharmaceutical General Council.

## Scottish Drug Tariff list changes for August

The list below shows generics for which the PPD will accept pharmacists' endorsements for the supply of proprietary products on prescriptions dispensed in August, due to shortages.

Allopurinol tablets 100mg; allopurinol tabs 300 - for supply of 100 pack size only; bendrofluazide tabs 2.5mg; bendrofluazide tabs 5mg; cimetidine

tabs 100mg; cinnarizine tabs 15mg; co-amilozide tabs 5/50; co-tenidone tabs 50/12.5; co-tenidone tabs 100/25; diclofenac e/c tabs 50mg; indomethacin caps 25mg; indomethacin caps 50mg; mefenamic acid caps 250mg; mefenamic acid tabs 500mg; sulpiride tabs 200mg; warfarin tabs 1mg; warfarin tabs 3mg; warfarin tabs 5mg.

# Struck off for false claims

A Barry pharmacist convicted of falsely claiming nearly £100,000 for a drug that he did not dispense to his own daughter, has been struck off the Register.

Although Robert Lewis Jones, of Hebbles Lane, Cadoxton, Barry, South Glamorgan, did not appear before the Royal Pharmaceutical Society's Statutory Committee, it heard details of the convictions, which led to an 18-month prison sentence.

Mr Jones, who ran RL Jones Pharmacy at Vere Street, Barry, pleaded guilty to five charges before Cardiff Crown Court on January 11 this year. He was sentenced to a total of 18 months for two charges of false accounting, one of obtaining money transfer by deception, one of supplying a drug other than by prescription and one of doing an act tending and intended to pervert the course of justice.

Geoffrey Hudson, for the Society, told the hearing that Mr Jones' 12-year-old daughter was diagnosed as suffering from a brain tumour in 1992. Following a successful operation to

remove the tumour, she was given a number of drugs, including an expensive growth hormone, Genotropin.

Arrangements were made so that Mr Jones could dispense the drugs himself on prescriptions sent by his daughter's GP. But in November 1995, the girl's consultant decided she no longer needed the growth hormone, and he wrote to her doctor to inform him of his decision.

However, Mr Hudson said the message did not get through, with the result that repeat prescriptions were generated up until November 1997 - a full two years later.

In the interim, Mr Jones, who was aware that the medication had been stopped, continued submitting the prescription for payment.

The situation came to light when the senior GP at the surgery became "concerned at the impact of these prescriptions on his budget".

Mr Hudson said the amount of money obtained overall by the false submitting of claims came to £98,820.

Mr Jones admitted he had known

the value of the hormone. He was at pains to emphasize that neither his wife nor daughter knew what he was up to.

Mr Jones, who is expected to be released from prison shortly, apologised to the Committee in correspondence, adding that he was "deeply ashamed". He explained that he was seeking to rectify his financial difficulties, but knew that what he was doing was dishonest. Mr Jones indicated he expects to be making a living outside the profession on his release.

The pharmacist's business had been sold, and although the Committee took into consideration the fact that the money had been reclaimed by the health authority, and the fact Mr Jones admitted all the charges, it was the scale of the operation that had to be considered.

Chairman Gary Flather QC said: "What he did was shameful and totally incompatible with the profession's code of ethics. It was an abuse of his position." The Committee had no difficulty in concluding that Mr Jones was unfit to be on the register.

# OCR pricing in Scotland means pay on time

Contractors in Scotland should be paid on time over the new millennium, after assurances that new computer systems will be working by then.

The Pharmacy Practice Division has had to re-equip to avoid problems with Year 2000 compliance. Last February, the PPD hoped to introduce optical character recognition to capture data from prescriptions, but C&D

understands there were difficulties in obtaining images at the necessary speeds and in writing the software to price prescriptions from the captured data.

The Common Services Agency has now told the Scottish Pharmaceutical General Council that the new system will be fully operational by mid-December and that contractors will be paid on time, without any gap in payments.

SPGC chairman George Romanes (left) said: "This statement is very reassuring, but we have asked the CSA what plans it has to maintain payments to contractors in the event that there are still problems with the new sys-

tem. Although they are confident that the revised deadline will be successfully achieved, it is imperative that contractors know what contingencies exist for making payments."

Despite generic shortages and the resulting delays in prescription pricing, Scottish contractors will continue to be paid 90 per cent initially, rather than the 100 per cent interim payments to be made by the Prescription Pricing Authority from September 1.

The *European Journal* has been advertising for "expressions of interest" from computer suppliers to develop electronic links between GPs, pharmacies and the PPD. The deadline was last week.



## 'Not guilty' plea in manslaughter case

Two Boots employees appeared in Chester Crown Court on August 16 in a 'directions' hearing, regarding the death of baby Matthew Young in May 1998 (see *C&D* July 24, p4).

Pharmacist Lisa Lloyd, aged 26, and pre-registration graduate Ziad Khattab, 24, pleaded not guilty to charges of manslaughter. The trial has been set for February 28, 2000. Reporting restrictions were not lifted.

## NPA seeks new SW board member

The National Pharmaceutical Association has announced the election timetable for a new board member to represent the South-west.

The election will be in area 11, which covers the Bath, Bristol, Cornwall, Exeter, Gloucester, North Devon, Plymouth, Somerset, and Torquay areas, and follows the resignation of Mike Smith (*C&D* Aug 7, p34).

Nomination forms should be returned by 2pm on September 1. Voting papers will be issued on September 7, and should be returned by midday on September 21.

The result will be announced on September 22.

## Drug deaths rise in Scotland

Drug-related deaths rose in Scotland from 263 in 1997 to 276 last year.

There was a large rise in the number of deaths of those known drug addicts from 142 to 179, but deaths in those not known to be dependent fell from 121 to 97, says the report from the registrar general for Scotland.

Of the 276 deaths, heroin or morphine was involved in 114, diazepam in 105 and methadone in 64. The rise is in part put down to more thorough methods of reporting such deaths.

# 43 nations attend IPSF congress

Delegates from 43 countries are attending the International Pharmaceutical Students' Federation 50th anniversary congress in London this week.

Gonçalo Sousa Pinto, IPSF president, opened the congress at the Royal Pharmaceutical Society last Friday. The profession is developing with "wonderful rapidity", he said. He highlighted the importance of pharmacy undergraduates. "Pharmacy students can play a major role in healthcare for all," he said.

Jeannette Howe, acting chief pharmacist at the Department of Health, talked about the role of pharmacists in the modern NHS, and their opportunities for extended roles. She spoke of



Gonçalo Sousa Pinto, IPSF president

Ms Howe highlighted changes that have taken place in the past 50 years and said that tomorrow's pharmacists must be politically aware and make the most of their opportunities.

The IPSF has a "shared rich history" with the International Pharmaceutical Federation, said Peter Kielgast, FIP president. Both organisations benefit from the link, which also benefits the profession as a whole, he said.

Marshall Davies, vice-president of the RPSGB, said: "Pharmacists' contribution to healthcare is vital to ensure the success of healthcare as a whole."

The opening ceremony finished with representatives from each country collecting their national flag from Mr Pinto.

## NPA joins forces with NAPC to promote pharmacists to primary care groups

The National Pharmaceutical Association is joining forces with the National Association of Primary Care to promote ways in which pharmacists can be involved in NHS services.

Primary care group lead pharmacists and PCG members are being invited to a one-day workshop, on September 22, at the Royal Pharmaceutical Society's headquarters in London. Speakers will look at pre-

scribing issues and outline the contributions that community pharmacists can make to PCGs.

Anyone actively involved with PCGs, who is interested in attending the event, which is free of charge, should contact Maggie Marum (NAPC) on 0171 636 1677, or Georgina Craig (NPA) on 01727 858687 ext 293.

The event is sponsored by a grant from Merck Sharp & Dohme.

## MPs support bid for a new pharmacy near Leyland

MPs in the North-west are supporting residents in a bid for a pharmacy at Farrington, near Leyland.

South Lancashire Health Authority approved an application from Patricia Hill, a Preston pharmacist, to open a pharmacy on a shopping parade, but local pharmacists successfully appealed against the decision.

The Family Health Service Appeal Authority granted the appeal on the grounds that existing pharmacies ran a prescription delivery service, so

another pharmacy was unnecessary, although a petition from local residents indicated a high level of support for one.

Now South Ribble's David Borrow, Chorley's Lindsey Hoyle, Southport's Ronnie Fearn and Lord Douglas Hoyle intend to bring the matter before Parliament and ask the health secretary to review the legislation.

"We need health services which provide a good balanced service that is easily accessible," said Mr Borrow.

## More impotence guidelines for GPs

Men suffering impotency, but not eligible for NHS prescriptions from their GP may still be eligible for treatment under specialist services, says the NHS Executive.

A circular (HSC 177) issued last week says such men can be referred to specialist services, where the GP is satisfied that the man is suffering from impotence, and that the condition is causing him "severe" distress.

The following criteria should be taken into account:

- significant disruption to normal social and occupational activity
- marked effect on mood, behaviour, social and environmental awareness
- marked effect on interpersonal relationships.

Patients referred to specialist services (ie services commissioned by health authorities or PCGs and delivered through a service agreement with an NHS trust) could be issued with an FP10 (HP) prescription. If so, this would need to be endorsed SLS by the doctor before it can be dispensed.

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## Wal-Mart's arrival – another threat to pharmacy?

As predicted in this column in February, Wal-Mart has finally entered the UK grocery market with the acquisition of Asda. There can be hardly a pharmacist in the UK who has not been exposed to the enormous press coverage as grocery and financial experts have speculated on the impact of Wal-Mart's arrival.

There is a consensus on one thing – retailing in the UK is about to undergo profound and irrevocable change. In acquiring Asda, Wal-Mart has bought a thriving and highly successful grocery chain, where radical change is not required.

Instead, Wal-Mart is likely to provide the capital that Asda urgently requires

**"Retailing in the UK is about to undergo profound and irrevocable change"**

to accelerate its store opening and store extension programme, and to provide additional marketing investment to allow Asda to compete even more aggressively with its retail competitors in the UK.

It is in these two areas that the greatest threat to the pharmacy sector lies. Wal-Mart has pharmacies in all its stores in the US. By comparison, Asda has relatively few.

In the vast new stores that Asda is likely to develop in the future, it is possible that pharmacies will become an integral part of the store and, as in the US, will offer services free of charge that the Royal Pharmaceutical Society and the National Pharmaceutical Association currently believe the Government should reimburse pharmacists for providing.

The second threat lies in the marketing approach adopted by Asda in the future. Its very success has been driven by price and value, and it is significant that last week it announced the second phase of its 'rollback' campaign, with deep price cuts across a range of major toiletry lines.

If Asda precipitates a major price war in the UK, community pharmacists will once again need to learn new retailing skills and will look to their wholesale partners for guidance on how to operate successfully in a low margin environment.

Written by a senior industry manager

# Xrayser

Topical Reflections

## Unimpressed by the dangling carrot

Another remuneration imposition for contractors in England and Wales is as unsurprising as it is contemptible. None of the arguments put forward by PSNC could be adequately addressed by the NHSE, so the Department of Health has once again sanctioned bully-boy tactics.

Dangling the carrot of Frank Dobson's autumn initiative, which might just might propel community pharmacy into the next millennium, does not excite or impress. A positive outcome is about as likely as another total eclipse in this country.

The role of Government is to control the political agenda and balance the conflicting interests of all stakeholders. It will listen attentively to those it wishes to nurture and disdainfully dismiss those whom it considers irrelevant.

And I object to being treated as an irrelevance. Doctors, dentists and nurses all have their review bodies whose recommendations are broadly accepted by government, but pharmacists enjoy no such luxury.

The Government long ago moved the goal posts and put our present remuneration considerations outside the terms of reference of the pharmacy panel, which used to adjudicate on disputed negotiations.

The panel was not ideal, but the present system is intolerable and flies in the face of natural justice. PSNC cannot negotiate when faced with the intransigence of a monopoly employer and must now publicly ask for a mechanism of arbitration to be re-introduced.

The precedence already exists with other health service personnel, the civil service and even within parliament itself. And if Frank Dobson's autumn strategy ever materialises, then for it to have any chance of acceptance, it must now also contain proposals to extend these principles of arbitration to pharmacy's contractual negotiations.

## The farce of generic pricing

The pricing and supply of some generic drugs is becoming ever more



farcical. I have a number of patients who have been taking Eltroxin for years and who still prefer the familiarity of the brand over its generic equivalent, but the situation has never concerned me until now.

Whether Eltroxin or thyroxine, the price differential has always been small, and I have happily stocked both. But now I cannot obtain supplies of Eltroxin and am having to explain why not to my, mostly elderly, patients. Comparing the present price of generic thyroxine with Eltroxin, I can see why Goldshield is unable to meet the demand.

Thyroxine 50mcg is a category A drug at a Tariff price of £30.63 per 1,000. Buying the branded Eltroxin theoretically would cost £5 – a huge price differential of six times as much for the generic compared with the brand.

This may be a function of the Pharmaceutical Price Regulation Scheme, which artificially maintains a low price for Eltroxin, while the generic is controlled by the simple laws of supply and demand. In the circumstances, I would first of all like to obtain Eltroxin to supply to my regular patients, and then also be able to buy a healthy surplus in order to offset that massive discount clawback I am still repaying from last year.

But the situation could be even more complicated. If the raw material for thyroxine has risen six-fold in price, and if Goldshield is the supplier

of the raw material, it makes commercial sense for the company to supply the generic market and restrict the availability of its own brand.

However, if the company only repacks the product from a single source of supply, it is not surprising the brand is mysteriously unavailable! At £5 per 1,000 compared with a Tariff price of £30.63, every pot supplied would involve a substantial loss. Either way, no Eltroxin!

## Shopping around for the best price

A customer recently asked me for advice on malarial prophylaxis for Sri Lanka and which were the best insect repellents and sun protection creams to take. I willingly obliged, only to be taken aback when the customer thanked me politely and said she would shop around for the best price!

What a waste of my time, but a foretaste of the reality if resale price maintenance is to be abolished on medicines. If the Office of Fair Trading has its way then in the brave new world of open price competition, there will be no time for pharmaceutical care. The pharmacist will be too busy negotiating good deals and designing another eye-catching poster for today's special offer medicines pack for travellers to Sri Lanka!

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2: *vb.* (tr) to put in a better position  
**advantageous** [advantayjus] *adj.* beneficial, helpful; profitable ~**advantageously** *adv* ~  
**advantageousness** *n.*

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# Medical matters



## Clinical evidence supports Listerine

Listerine has been proven to reduce bacterial plaque trapped 'between the teeth' by almost 44 per cent.

Researchers at Warner-Lambert in the US carried out a randomised, cross-over study, involving 34 people, comparing Listerine with a water control rinse. Under controlled conditions, Listerine produced a 43.8 per cent reduction in recoverable interproximal bacteria, compared to the control.

This type of bacterial plaque is almost impossible to remove with traditional tooth brushing techniques. Flossing, which can help remove this plaque, is only carried out by 14 per cent of the population.

Commenting on the new trial, Robin Seymour, professor of restorative dentistry at Newcastle Dental School, said: "Seeing a dentist helps keep people's teeth in good condition, but helping people to look after their teeth at home is equally important."

Such new findings highlight that a clinically proven daily use mouthwash should not be underestimated, and it has an essential role in helping reduce consumers' biggest problem today - gum disease, he added.

Liz Oxon, senior brand manager for Listerine, said: "This study adds to the product's credentials, illustrating that Listerine has a vital role to play in a daily oral care programme."

## Long-term benefits with grass-pollen immunotherapy

Immunotherapy for grass pollen has been shown to stave off the symptoms of seasonal allergic rhinitis, long after therapy has been discontinued, according to a study published in the *New England Journal of Medicine*.

Immunotherapy based on pollen injections has been used with great effect in selected patients with IgE-mediated seasonal allergic rhinitis, but there have been doubts as to its long-term benefits. The study aimed to establish whether benefits were sustained after treatment was stopped.

The patients selected had undergone three to four years of immunotherapy with depot grass-pollen vaccine (5-20mcg of allergen per injection).

They were followed up for three years and scores were measured for the appearance of seasonal symptoms and the use of 'rescue' anti-allergic

## Advice on students' meningitis vaccination

The chief medical officer has written to pharmacists and GPs with details of the meningitis vaccination programme for college and university students.

The Health Education Authority will be sending all prospective first year students a letter and information leaflet (via UCAS), informing them that they should visit their doctor for immunisation with the current polysaccharide meningococcal vaccine.

The vaccines will be purchased centrally, as with other routine vaccination

programmes, and supplied free to GPs through Farillon direct or via NHS Trust pharmacy departments.

Students and other patients who need meningococcal vaccination for travel purposes should still be immunised with the currently available A+C vaccines. Doctors can either obtain them direct or on an FP10.

Up-to-date information on the immunisation programme can be obtained on the internet at <http://www.doh.gov.uk/meningitis-vaccine.htm>.

## All pregnant women offered HIV test

The Government is offering all pregnant women an HIV test in a bid to cut the number of babies born with the virus by 80 per cent by 2002.

Each year at least 50 HIV-infected babies are born to women who are unaware they have the virus. Identifying infected women early in pregnancy means treatment can be initiated while the baby is in the womb, to minimise HIV transmission from the mother.

All health authorities will be offer-

ing and recommending women an HIV test along with the other tests routinely offered during antenatal care. The Government is setting targets for the uptake of testing - at least 50 per cent by the end of 2000 and 90 per cent by 2002.

Rosaline Steele of the Royal College of Midwives said: "We are sure that, given the right education and support, these targets are achievable and will make a significant impact on the health of mothers and babies."

medication. A control group of patients with hay fever who had not been treated with immunotherapy were also followed.

Scores for seasonal symptoms and the use of anti-allergy medication (including short courses of prednisolone) remained low after immunotherapy had been stopped.

In addition, no significant differences were seen between patients who continued and those who had discontinued immunotherapy. However, marked differences in symptom scores were seen between those treated with immunotherapy and the control group.

Although there was a tendency for immediate sensitivity to allergen to return long after discontinuation, there was a sustained reduction in more specific immune markers identified through skin biopsies.

The findings suggest that immunotherapy has the potential to modify the long-term course of allergic disease. The findings raise the question of whether allergen-injection immunotherapy should be considered earlier in management to prevent progression and the possible development of multiple allergies. Further long-term studies are needed to confirm this.

A recent World Health Organization report advocated the use of allergen immunotherapy in selected patients with IgE antibodies to particular allergens. However, selection of patients is an important issue as the risk-benefit ratio is less favourable for patients with asthma than for those with allergic rhinitis.

Immunotherapy is normally considered only when allergen avoidance and anti-allergic medication have failed to control symptoms.

## SCRIPT BRIEFS

### New indication for Colazide

Colazide (balsalazide) is now licensed for the maintenance of remission in ulcerative colitis. The maintenance dose is two 750mg capsules twice daily, adjusted to suit the patient's response - additional benefits may be seen with doses of up to 6g daily. This new indication is in addition to its existing use in the treatment of mild to moderate active ulcerative colitis until remission.

AstraZeneca. Tel: 01923 266191.

### Fluarix drops price in October

SmithKline Beecham has introduced its flu vaccine, Fluarix, for 1999/2000. The price of the vaccine will be reduced from October 1 from £5.70 to £3.99 for single doses and from £57 to £39.99 for 10-dose packs. New prices will apply to all orders dispatched from that date.

SmithKline Beecham Vaccines. Tel: 0800 716280.

### S&N updates Advanced First Aid

Smith & Nephew is updating its over the counter Advanced First Aid products range. Primapore has been re-launched as Melonin Adhesive, with the addition of a new 10x8cm size. Jelonet is also being introduced in a new 5x5cm size at the end of August.

Smith & Nephew Healthcare. Tel: 01482 222200.

### Alliance acquisitions

Alliance has acquired Naseptin (chlorhexidine/neomycin), Biophen (orphenadrine), Broflex (benzhexol) and Pragmatar cream from Bioglan. Products will be transferred on September 1 and all orders should then be placed with the Alliance distributor McGregor Cory.

Alliance Pharmaceuticals. Tel: 01249 766912.

### Topamax Sprinkle for epilepsy

Topamax Sprinkle has been introduced for patients with epilepsy who have difficulty swallowing the tablets. It comes as a hard gelatin capsule containing coated beads of topiramate. The capsules should be broken open and the contents sprinkled on food, which should be swallowed immediately. The new formulation comes in 15mg (60 capsules, £16.88), 25mg (60, £25.32) and 50mg (60, £41.60) strengths.

Janssen-Cilag. Tel: 01494 567567.

# Counterpoints

## New Seven Seas multivitamin to help cope with stress

Seven Seas Health Care is launching a new probiotic multivitamin supplement to help consumers cope with the stress of today's lifestyles.

Advanced Formula Multibionta is a three-layered tablet containing probiotic nutrients that do not require refrigeration and therefore can be merchandised within the VMS category.

The tablet is also enteric-coated so that it survives in stomach acid before releasing its probiotic nutrients in the small intestine.

Probiotic nutrients are healthy bacteria that modify digestion and help mitigate the damaging effects of the 'bad' bacteria in the gut.

The complex of three probiotic strands is formulated to help

consumers cope with being stressed and run down, by boosting the immune and digestive systems.

Advanced Formula Multibionta is a complete supplement containing all of the recommended vitamins at 100 per cent RDA, as well as minerals and micronutrients.

The launch will be supported by a £3 million promotional campaign, which will include press and cinema advertising, plus a PR campaign to educate consumers. PoS material is



available. The product, which is being launched to the trade at Chemex on September 4-5, retails at £4.49 (30 tablets), £7.99 (60).

**Seven Seas Health Care Ltd.**  
Tel: 01482 375234.

## Efamol promotion at your fingertips



Efamol is running a national pharmacy promotion offering consumers a free skincare gift, when they buy any Efamol nutritional supplement.

Consumers will be given a free tube of Efamol hand and nail cream (worth £3.50), when they buy Efamol Pure Evening Primrose Oil, Efamol PMP, Efalex or Efamatal.

The promotion is being supported with in-store PoS displays including shelf talkers and posters.

**Efamol Ltd.**  
Tel: 01483 304441.

## Nelsons puts an aura around herbals

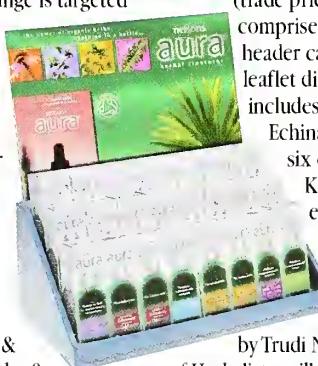
Nelsons is launching a new range of herbal tinctures into pharmacies and healthfood shops on August 23.

The Nelsons Aura range is targeted at working women in the 25-50 age group. It comprises six herbal combinations, all produced from premium cultivated or wild herbs.

The range includes Echinacea & Goldenseal, Hypericum & Kava Kava, Saw Palmetto Complex, Milk Thistle & Artichoke, Ginkgo Biloba & Bilberry and Dong Quai Complex.

Four out of the six herbal combinations have been certified as organic by the Soil Association.

The tinctures are preserved in organic alcohol and packaged in 50ml glass bottles, with a pipette system for



easy use. They have a three-year shelf life. Retail price is £6.99. An introductory retailer package (trade price £89.99 plus VAT) comprises a display unit with header card and integral leaflet dispenser. The package includes 24 products - six of Echinacea & Goldenseal, six of Hypericum & Kava Kava and three each of the others, as well as 40 consumer leaflets.

A herbal reference book, by Trudi Norris of the Institute of Herbalists, will be available to retail at £2.99.

The launch will be supported by a media campaign. From September, there will be an information helpline and web site [www.nelsons.co.uk](http://www.nelsons.co.uk).

**A Nelson & Co Ltd.**  
Tel: 0181 780 4200.

## New look for own-label Care range

Thornton & Ross is introducing a new look for its Care range of own-label medicines.

The first Care products to appear in the new livery include Distilled Witch Hazel, Fullers Earth Cream,

Emulsifying Ointment and Calamine Lotion.

Each pack and therapeutic category is colour-coded for easy recognition.

**Thornton & Ross Ltd.**  
Tel: 01484 842217.

## A sporting chance for Seatone

Peter Black Healthcare is launching a new food supplement for people involved in sport or demanding physical activity.

Seatone Sport is designed to help the body to recover from aches and stiffness in muscles and joints and to relieve pain and inflammation.

It is formulated with green lipped mussel extract, the amino acids proline and glycine, vitamin C and iron.

Available in 60 capsule packs, the product retails at £10.89.

Recommended intake is up to three capsules per day.

A consumer telephone helpline is available for consumer information and advice on the Seatone range.

**Peter Black Healthcare.**  
Tel: 01283 228300.



## Enada with natural co-enzyme

FSC Quality Vitamins has launched Enada, a new food supplement with a natural, more easily absorbed co-enzyme formulation.

Enada contains a stabilised, absorbable form of the naturally occurring co-enzyme NADH (nicotinamide adenine dinucleotide) and high-energy hydrogen. NADH, also referred to as co-enzyme-1, is present in the muscle tissue of fish, poultry and cattle, but is destroyed by gastric acid. Enada's formulation overcomes this problem by being absorbed from the intestine.

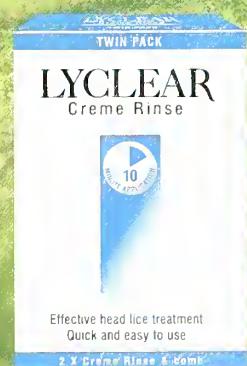
Co-enzymes are powerful anti-oxidants, with protective functions. A pack of 30 tablets retails at £29.99.

**Health & Diet Food Co Ltd.**  
Tel: 01204 707420.

# 10 MINUTES AGO THE WILSONS DISCOVERED THEY HAD HEAD LICE.



It only takes 10 minutes to treat head lice effectively with Lyclear. Yet it's gentle, pleasant smelling and easy to use. As well as single packs, Lyclear is now available in twin packs so two people can be treated. Which is bad news for head lice but good news for families.



Permethrin

**Entation:** 1% permethrin in an orange creme rinse base. **Uses:** Treatment of head lice. **Dosage and administration:** Adults and children over 6 months: wash, rinse and dry hair. Apply enough Lyclear Creme Rinse to saturate the hair and scalp, leave 10 minutes then rinse. **Contra-indications:** Hypersensitivity. **Pregnancy and lacta-**

**tion:** Under medical supervision. **Side effects:** Generally well-tolerated, rarely scalp irritation. **Price (ex VAT):** 59ml £3.23, 2x59ml £5.95. **Legal category:** P. **Further information:** Warner Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh SO53 3ZQ. **Product licence number:** 15513/0019. **Date of preparation:** May 1999.

## Close shave with Braun Interface range

Braun is launching a new range of shavers in September.

The Braun Interface range has been developed to address the problem of shaving long curly hair.

According to Adam Woolf, Braun's senior product manager for shavers, the company's research has identified this problem as being of considerable concern to men.

The new shavers have a softly rounded triangular design which has polished side panels to give better grip and handling.

Features include a floating cutter to shorten the hair and a large size single foil to shave the hair closely.

The skin is protected from irritation by a built-in plastic comb and the floating cutter can be retracted to shave directly under the nose or hairline.

The 10mm size foil is designed to cover a greater shaving surface for a faster, more efficient shave and is ultra-thin for closeness. The foil is platinum-coated for gentleness.

There is also a pop-out long hair trimmer for moustaches or sideburns.

Two Braun Interface models will be available from September - the 3615 (rsp £49.99) and the 3610 (rsp £39.99). Model 3615 is a silver mains/rechargeable shaver, while model 3610 is a black rechargeable version. A mains-only model will be launched at the end of this year.

**Braun (UK) Ltd.**  
Tel: 0870 6085555.



## Neutrogena thinks big with sesame seed formulation

Neutrogena is introducing a larger 250ml size for its natural Sesame Seed Body Oil for soft and supple skin.

The product is an ultra light, non-

## Hands up for Cutex innovations

Coty will launch three new high-performance handcreams in its Cutex range on September 1.

The company will replace its two original Cutex handcreams with Hand & Nail Nourishing and Moisture Guard Nail Creams, Daily Hand Lotion and Nourishing Handcream.

Containing glycerin and aloe vera, the products are formulated to be absorbed instantly to leave hands feeling soft and smooth.

Each based on the same light and non-greasy formula, the new handcreams contain specific ingredients to offer individual handcare solutions.

The products are available in two sizes - 75ml (rsp £1.79) and 150ml (rsp £2.69).

● Cutex Nail Polish Remover Lotions are also being improved, with a new whitening formula containing a blend of fruit acids.

Cutex Nail Polish Remover Lotion with New Nail Whitener has a triple-action formula that can remove dark nail enamel quickly, at the same time as revitalising and whitening nail tips. The gentle whitening effect helps to reduce any yellow traces



associated with dark nail polish.

Conditioning agents seal in moisture to prevent nail brittleness or cracking, while a blend of emollients, including glycerin, nourish the nail and the surrounding skin.

The new lotions are available in three variants - Nourishing, Strengthening and Moisture Guard. The original acetone-free formulation remains unchanged. Retail prices are £1.39 for 100ml, £1.89 for 200ml (Moisture Guard and Nourishing only).

**Coty (UK) Ltd.**  
Tel: 0181 971 1300.

## Almay makes eyes with one coat

Revlon is launching a new one-coat mascara in its Almay range on October 6.

Almay One Coat Colour & Curl is designed to colour and curl the lashes in one coat. It is formulated with a gelling agent in place of the traditional high wax content of most mascaras.

The mascara should not smudge and is designed for all day wear. Polyurethane and hydrolysed wheat

protein give the product its curling properties. Vitamins A and E and hydrolysed keratin help condition the lashes, making them more flexible.

The product is 100 per cent fragrance-free, hypo-allergenic and ophthalmologist tested. It is available in black, black/brown and dark brown. Retail price is £6.95.

**Revlon International Corporation.**  
Tel: 0171 629 7400.

product was previously available in a 125ml size. Retail price is £6.99.

**Neutrogena (UK) Ltd.**  
Tel: 01628 822222.

## Max Factor make-up offers non-stop moisture

Procter & Gamble is launching a new moisture foundation in its Max Factor Gold range in September.

Max Factor Beautiful Skin Make-up is formulated to refresh and revitalise the skin, at the same time as providing natural looking coverage.

P&G claims the product will continue to moisturise the skin for at least 11 hours. The formulation has UVB protection of SPF6.

The foundation is available in eight shades - Porcelain, Ivory, Natural, Honey, Sand, Golden, Bronze and Mocha.

The product will normally retail at £9.95, but there will be an introductory price of £7.95 from mid-September until mid-November, while stocks last.

**Procter & Gamble UK.**  
Tel: 01932 896000.

## Calvin returns in special limited edition

Calvin Klein Cosmetics is relaunching its original Calvin fragrance in a limited edition in October, to celebrate the 20th anniversary of the fragrance.

Originally launched in 1980, Calvin was the first Calvin Klein men's fragrance. This will be the first time that Calvin will be available globally.

A sensual aromatic *souffrè*, Calvin is a rich, masculine fragrance with classic appeal. Calvin eau de toilette spray/vaporisateur will retail at £26 for 50ml, £34 for 100ml. **Calvin Klein Cosmetics Corporation.**  
Tel: 0171 629 9643.

## Spectacular Cosmetics is Kracking Up

Spectacular Cosmetics is launching a fun new nail glaze which creates a 'cracked' mosaic effect when applied over nail polish.

Krackle Glaze comes in three colours - red, purple and black. Each set (rsp £3.95) contains a Krackle Glaze and Krackle Final Coat for a high gloss finish.

**Spectacular Cosmetics Ltd.**  
Tel: 0181 385 4400.

# NEW LOOK, REAL

## PARTNERSHIP



Out of true partnership comes growth and success. UniChem's partnership with its customers extends right across the company's activities. We provide a partner for start-up finance and acquisition loans, for pension planning and for pharmacy refurbishment. Our partnership with Moss provides us with a unique insight into retail pharmacy - a benefit that we pass on via the Moss Advisory Service. Close relationships with suppliers bring new services and benefits to our pharmacy customers. Our business in Europe provides first hand knowledge of new initiatives and ideas that are happening in our fast-changing marketplace. All of this and so much more provides our partners with a real recipe for success.



**UniChem**  
Delivering Healthcare

**PARTNERSHIP**

## Macleans promotion is ready for take off

SmithKline Beecham is joining forces with Virgin Express to offer free flights to Brussels in return for special promotional tokens on selected products from the Macleans range.

To qualify, consumers are required to collect six colour-coded tokens - two each from Macleans Total Clean 100ml toothpaste, Macleans mouthwash 500ml and Macleans The Toothbrush.

The return tickets to Brussels, from Gatwick or Stansted, are free (apart from airport taxes) and there will be an option of flying on to Copenhagen, Rome, Madrid, Nice, Milan or Barcelona for a supplement of £36.50 each way. Flights are subject to availability.

**SmithKline Beecham Consumer Healthcare.**

Tel: 0181 560 5151.



## Lemsip in £5m promotional campaign

Reckitt & Colman is to support the Lemsip brand with a £5 million promotional spend for the coming cold and flu season.

The company is also launching its '1999 Cold and Flu Report', the first edition of an annual review of the OTC colds and flu market. Designed for pharmacy retailers, it contains information on market trends, as well as merchandising advice.

## Mam soothers are crystal clear

Mam has launched a colourful new soother collection with a 'premium' appearance.

The Ulti Mam Crystal Collection is designed with a crystal clear transparent shield and knob in six different colour variations. The collection shares the orthodontic features of the existing range of Mam soothers.

The products have 14 ventilation holes, which allow air to the baby's face, and a pattern of dimples inside the shield to provide extra skin



protection, which is particularly soothing at teething times.

Presented in clear plastic blister packaging, each pack contains two soothers. Designed to hang sell, this packaging offers a safe, sealed hygienic presentation to the parent and contains a double page leaflet with instructions and information.

Retail price is £3.49.

The soothers are available in outer boxes of 12.

**Mam (UK) Ltd.**

Tel: 0121 326 6992.

## Cool campaign for Preparation H Gel

Whitehall Laboratories is supporting its new Preparation H Clear Gel haemorrhoids treatment with a £350,000 national advertising campaign starting this month and running through to November.

'Cool it' is the theme of the campaign, targeted at a broad range of consumers, from pregnant women to young men. The advertising will

appear in the national press, pregnancy titles and women's and young men's magazines.

POS material is available.

**Whitehall Laboratories Ltd.**

Tel: 01628 669011.

## ON TV NEXT WEEK

**Arrid XX:** All areas except U, CTV

**Carex:** All areas plus C5

**Clinomyn smokers toothpaste:** G, C, A, C4

**Dettol moisturising handwash:** A, M, CAR, C4

**Diffucan One:** B, Y, C, LWT, CAR, TT

**Jungle Formula Insect Repellent:** GMTV

**Just for Men hair colourants:** All areas

**Listerine antiseptic mouthwash:** STV, C, M, LWT, C4, Sat

**Oxy:** All areas except U, CTV, GMTV

**Pearl Drops toothpolish:** C4, C5, Sat

**Poli-Grip:** GTV, U, STV, G, Y, C, A, HTV, W, M, CAR, TT

**Pro Plus:** C4

**Regaine:** C4, Sat

**Seabond denture fixatives:** B, G, Y, TT, C4

**Valerina Night Time:** G, W

**Vitalegs herbal gel:** GMTV

**A** Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

## IN BRIEF

### Dandruff campaign

Johnson & Johnson MSD Consumer Pharmaceuticals is supporting its Nizoral Dandruff Shampoo with a £500,000 advertising campaign from September until December. The campaign will run on radio and in lifestyle magazines.

**Johnson & Johnson MSD Consumer Pharmaceuticals.**

Tel: 01494 450778.

### Colgate Total back on TV

Colgate Total toothpaste will be back on TV on September 13 for three weeks. The commercial features a cartoon character who emerges from the Colgate Total tube and uses the Colgate ring as a shield to protect himself against bacteria.

**Colgate-Palmolive (UK) Ltd.**

Tel: 01483 302222.

### Minty approach

Wisdom Toothbrushes is spending £2 million on a new campaign for its Wisdom Ultraflex toothbrushes. The campaign includes advertising in women's lifestyle press, to convey the freshness of the Bioguard incorporated in the toothbrushes.

**Wisdom Toothbrushes Ltd.**

Tel: 01440 714800.

### Eczema roadshow

Stiefel Laboratories (UK) is targeting carers and parents of children with eczema, with its Oilatum Eczema Management Roadshow which starts in National Eczema Week (September 25-October 2).

**Stiefel Laboratories (UK).**

Tel: 01628 524966.

# PHARMACYupdate

## What's in a name?

Prescribing generics is one of the simplest ways of keeping medicine costs down, yet many GPs still have their doubts about them. In the first of a two-part article, Dr Susan Ellmers MRPharmS looks at the place of generics in normal clinical practice

**R**oughly 500 million NHS prescriptions with a net ingredient cost of £4,367m were dispensed during 1997. This represented an increase in expenditure, in real terms, of over 6 per cent on 1996 figures. With this upward trend set to continue, it is not surprising that the annual drugs bill is coming under increasingly close scrutiny to identify areas where substantial savings can be made.

As part of an initiative to promote more cost-effective prescribing, a growing number of pharmacists are taking on advisory roles within the primary healthcare team, and it is inevitable that part of their brief is to encourage more widespread use of generic medicines to help achieve this goal. With estimates suggesting that a saving of around £30m may be made for every 1 per cent swing towards prescribing generically, the potential for cutting the drugs bill in this way is great.

Although it is widely recognised that generic prescribing is one of the simplest ways to reduce costs within the NHS, data released by the Government Statistical Service has indicated that, to date, generic prescribing is by no means universally accepted. Figures collected over the past decade show only a gradual upward trend in generic prescribing rates in the community.

### Reluctance

In 1987, 39 per cent of prescription items were written generically. By 1997 this figure had grown to 60 per cent, leaving an average of 40 per cent of prescriptions still not written generically. The proportion of prescription items dispensed generically also rose by 15 per cent over the past decade, to 49 per cent in 1997. This means that



around one in every two prescription items are still currently dispensed using a proprietary product.

When the latest 1997 figures were broken down according to BNF categories, drugs for infections had the greatest proportion of prescription items written generically (84 per cent in 1997). Antibacterial drugs also represented the leading section in terms of prescription volume. The

leading section in terms of net ingredient cost was ulcer-healing drugs, where the proportion of generically written items actually decreased to 79 per cent in 1997 with the advent of several new drugs only available under patent.

But variations in the rate at which generics were prescribed during 1997 varied greatly – generic dispensing was highest in Gateshead and South Tyneside (59 per cent), and lowest in



### Generic prescribing

The place of generics in normal clinical practice

### Case history

Caught in the middle with a woman on warfarin

IV

### First person

A woman hit by Parkinson's disease in her 30s describes how she copes

VI

### Medical update

Rotavirus – the next target for mass vaccination?

VII

**THE COLLEGE OF PHARMACY PRACTICE**

THIS COURSE (MODULE 1136), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN C&D SEPTEMBER 11, PROVIDES ONE HOUR'S CONTINUING EDUCATION

### OBJECTIVES

- To be aware of the place of generics in clinical practice
- To be aware of the potential cost savings
- To recognise the use of generic nomenclature
- To understand generic substitution
- To be aware of marketing and quality issues

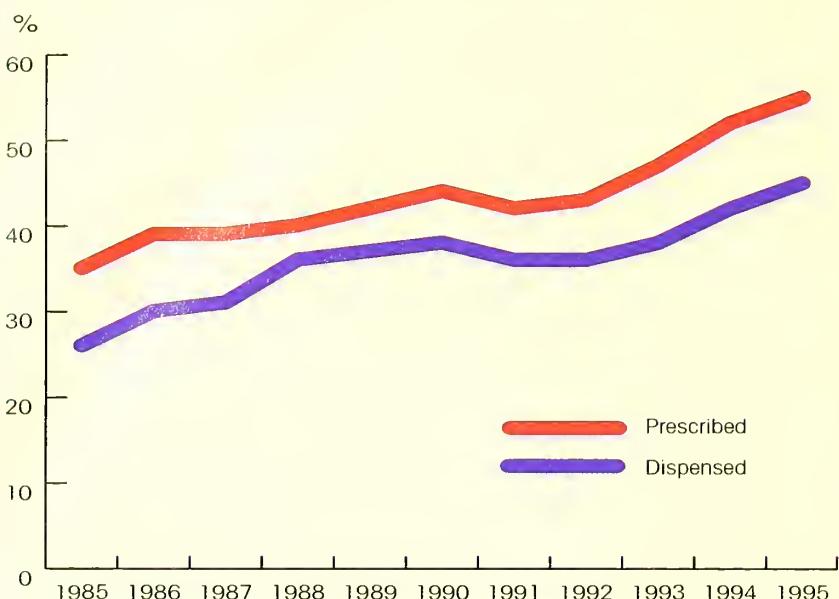
Lincolnshire (40 per cent). Exactly why some prescribers appear reluctant to prescribe generically is unclear, but areas for concern may centre around issues relating to quality, bio-equivalence and patient acceptance, to be discussed in the second article on generics.

### Potential savings

Considerable savings can be made by switching from branded to generic drug products, although the scale

*Continued on PII* →

## Generic prescribing and dispensing in England from 1985 to 1995



Continued from PII

of savings may vary between different drugs. For example, generic amoxycillin 250mg costs £0.99 for 21 capsules compared with £4.04 for branded Amoxil; and generic atenolol 100mg costs £1.61 for 28 tablets compared to £6.81 for branded Tenormin (according to BNF September 1998 and MIMS March 1999 figures).

A similar situation exists for products available for OTC purchase, and differences in cost may also exist between brands.

### Naming of drugs

Every drug on the market has at least three names:

- a **chemical name** based on its chemical structure
- a **generic name**, which often reflects the active ingredient and is taken to be its official name. This may be the name used to head the current British Pharmacopoeial monograph on that drug, the British Approved Name (BAN), International Non-proprietary Name (INN) or US Adapted Name (USAN) – rather curiously some drugs may actually have more than one generic name
- a **proprietary name**, which is usually a registered trademark.

So, to consider the example at frusemide ( $C_{12}H_{11}ClN_2O_5S$ ), its chemical name is 4-chloro-N-furyl-S-sulphamoylanthranilic acid, its BAN is frusemide, its INN and USAN is furosemide, and a proprietary name is Lasix.

In healthcare professionals' teaching schools, generic names are almost universally used. There are many advantages to this:

- there are significantly fewer generic names than brand names.

So, by exclusively using generic names, learning and teaching are immediately simplified and confusion reduced

- generic names usually indicate chemical class, so they provide the user with a clue to the drug's pharmacology and classification
- generic names are international, whereas brand names for the same product may vary between countries
- generic nomenclature is used routinely in medical and scientific publications, so information becomes more accessible if generic names are consistently used.



### Definition of generic

For a prescription to be defined as being written generically, either the pharmacopoeial title, BAN, INN or USAN of a drug or the scientific name of the active ingredient should be used. For the purposes of gathering statistics, generic dispensing is defined as occurring where a drug is prescribed and is available generically and the dispenser is reimbursed for the generic drug.

For drugs prescribed and available generically, the dispenser is reimbursed for the generic drug as per the *Drug Tariff*. In cases where drugs are prescribed generically but a generic is not available (eg proprietary still under patent) a proprietary product is dispensed. In 1997, 11 per cent of prescriptions written generically were dispensed as proprietaries, since no generic was available.

Category D in the *Drug Tariff* (Part VIII) is intended for drugs for which there is a problem of

availability at the lowest price. Endorsement of pack size and manufacturer is needed for reimbursement.



### Generic substitution

Within NHS hospitals, generic substitution has been carried out as a matter of course for many years. In all but a few specific cases, pharmacists are empowered to endorse any misplaced brand name with its generic name (according to agreed protocols) and then go on to dispense the prescription with a branded or generic product accordingly. Interestingly, due to the vast buying power of NHS trusts, many generic prescribers are actually made up using a branded equivalent.

In the community, a different situation exists. Since community pharmacists are contracted to dispense exactly what is written on a prescription, they are prevented from initiating generic substitution without prior reference to the prescriber. This system has several disadvantages:

- community pharmacists have to stock several different brands of the same drug in order to fulfil the majority of prescriptions presented – only if a drug is prescribed generically does the pharmacist have a choice over which brand may be dispensed
- if a particular brand is not routinely stocked, a delay for the patient may result while that brand is ordered, even though a generic equivalent may be available. This may severely inconvenience some patients and delay the start of their treatment

### ESSENTIAL INFORMATION

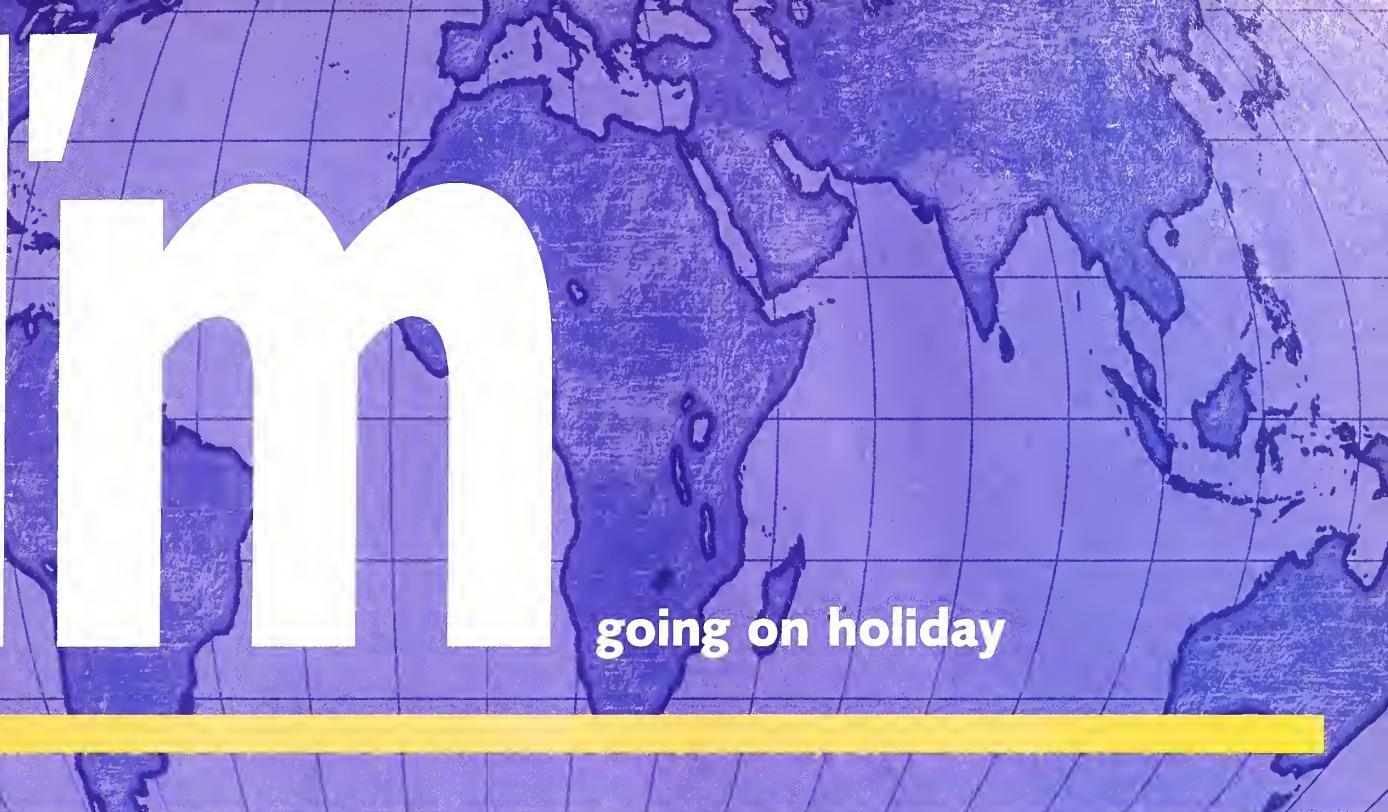
#### Imodium™ Plus

**Presentation:** Chewable tablet containing Loperamide Hydrochloride Ph Eur 2mg and Simethicone USP equivalent to 125mg polydimethylsiloxane. **Indications:** Imodium Plus is indicated for the symptomatic treatment of acute diarrhoea in adults and adolescents over 12 years when acute diarrhoea is associated with gas-related abdominal discomfort including bloating, cramps or flatulence. **Dosage and administration:** Adults over 18: Two tablets initially, followed by one tablet after every loose stool. Young adults age 12-18: 1 tablet initially followed by one tablet after each loose stool. Not to be used for children under 12 years. **Maximum dose:** Four tablets in 24 hours, limited to no more than 2 days. **Contra-indications:** Hypersensitivity to any component of the product. Acute dysentery characterised by blood in stool or high fever. Imodium Plus contains sorbitol and should therefore not be used in patients with sorbitol intolerance or fructose intolerance (i.e. in fructose-1,6-diphosphatase deficiency). Avoid when inhibition of peristalsis is undesirable. Acute ulcerative colitis or antibiotic-related pseudomembranous colitis. **Precautions:** In patients with (severe) diarrhoea, fluid and electrolyte depletion may occur. In such cases, appropriate fluid and electrolyte replacement should be considered. If symptoms persist for more than 48 hours, treatment should be stopped and a doctor consulted. Imodium Plus should only be used during pregnancy or lactation on the advice of a doctor. **Medical supervision:** is required in patients with severe liver dysfunction. Diarrhoea should be treated causally if possible. Drugs prolonging intestinal transit time can induce development of a toxic mega colon. Discontinue if constipation and/or abdominal distension develop. **Side effects:** Nausea, hypersensitivity reactions (e.g. skin rash), headache, dry mouth, cough, chills, taste disturbance, constipation and/or abdominal distension. Rarely, paralytic ileus, usually following improper use. **Treatment of overdose:** If CNS depression or paralytic ileus occur following an overdose, naloxone can be given as an antidote. Repeated doses of naloxone may be required. The patient should be monitored for CNS depression for at least 48 hours. **Price:** 6 tablets £3.45, 18 tablets £7.95. **Legal category:** P. **PL:** 13249/0020. **PL Holder:** Johnson & Johnson. **MSD Consumer Pharmaceuticals, Enterprise House, Station Road, Loudwater, High Wycombe, Bucks, HP10 9UE.**

#### Imodium™

**Presentation:** Capsule containing loperamide hydrochloride 2mg. **Indications:** P. Symptomatic treatment of acute diarrhoea associated with IBS in adults following initial diagnosis by a doctor. P & GSL. Symptomatic treatment of acute diarrhoea in adults and children over 12 years old. **Dosage and administration:** Adults and children over 12: Two capsules initially, followed by one capsule after every loose stool. Usual dose is 3-4 capsules per day. For symptomatic treatment of acute episodes of diarrhoea associated with IBS in adults: Two capsules initially, usual dose is 2-4 capsules per day in divided doses, depending on severity. **Maximum dose:** 8 (P) and 6 capsules (GSL) in 24 hours. **Contra-indications:** Hypersensitivity to any component of the product. Acute dysentery characterised by blood in stools for high fever. When inhibition of peristalsis is to be avoided, in particular when ileus or constipation are present or when abdominal distension develops particularly in severely dehydrated children or in patients with acute ulcerative colitis or antibiotic-related pseudomembranous colitis. **Precautions:** In patients with diarrhoea, especially young children, fluid and electrolyte depletion may occur. In such cases appropriate fluid and electrolyte replacement should be considered. If symptoms persist for more than 24 hours, a doctor should be consulted. It is not advisable to use Imodium during pregnancy and caution is advised if Imodium is to be administered to a nursing mother. Imodium must be used with caution when the hepatic function necessary for metabolism of the product is defective e.g. in cases of severe hepatic disturbance. Patients taking Imodium to control episodes of diarrhoea associated with IBS diagnosed by a doctor should consult their doctor if the pattern of symptoms changes, episodes of acute symptom continue for more than 2 weeks or there is a need for continuous treatment of more than two weeks. **GSL:** first line treatment in acute diarrhoea is prevention or treatment of fluid and electrolyte depletion particularly in frail and elderly patients. **Side effects:** Abdominal cramps, nausea, vomiting, tiredness, drowsiness, dizziness, dry mouth and occasion hypersensitivity reactions (e.g. skin rash including urticaria) have been reported. Rarely, paralytic ileus, bloating and constipation have been reported. **Treatment of overdose:** CNS depression or paralytic ileus occur following an overdose. Naloxone can be given as an antidote. The patient should be monitored for CNS depression for at least 48 hours. **Gastro lavage or induced emesis and/or enema or laxatives:** may be recommended. **Price:** 2 capsules £1.00, 8 capsules £3.90, 12 capsules £5.15, 18 capsules £6.35. **Legal category:** P 8/12/1. **PL:** 00242/0028. **PL Holder:** Janssen-Cilag Limited, Saunderton, High Wycombe, Bucks HP14 4H.

Continued on PIV→



Diarrhoea is the most common complaint that makes a holiday memorable for all the wrong reasons. Wisely, instead of doing nothing, many people seek advice from their pharmacist before departing. They appreciate that professional expertise is a far safer bet than risking the effects of diarrhoea in a foreign country.

Under these circumstances you can confidently recommend Imodium Plus. Only available from pharmacies, it's a breakthrough formula which combines loperamide with simethicone. Not only can it bring effective, speedy relief with just one dose, Imodium Plus also treats the associated symptoms of cramps, wind and bloating, thus helping to restore your body's normal balance. And because the tablets are chewable, people don't have to risk swallowing them with the local water.

To support all your diarrhoea recommendations, we have launched an extensive pharmacy educational programme. If you would like to be part of this and receive one of our 'I'm here to help' support packs, just call us on 800 3890030. Then, whenever customers seek advice, you and your staff will be ready to help.

Hopefully they will then remember their holiday for all the right reasons.



Loperamide

Loperamide and simethicone

- the enforced inability to initiate generic substitution inevitably causes inefficiencies and inconvenience for the pharmacist too, who has to spend extra time and money ordering and stocking several main brands of the same drug and checking they do not expire. An increase in drug wastage is likely
- it also prevents pharmacists from buying one brand in bulk, unless the prescribing habits of their local practices are well known or are outlined in a practice formulary
- it only protects patients from receiving different manufacturer brands if a trade name is used. If the prescription is written generically they may receive packs from different manufacturers each time their prescription is dispensed.

## Marketing matters

It is an inescapable fact that important new drug developments almost always originate from within the pharmaceutical industry at vast expense. Estimates vary, but at current rates, whenever a new drug is released, its production is likely to have cost in excess of £300m. The innovator obviously needs to recover these costs, and so it is only reasonable that any new preparation is protected by a patent that prevents other companies producing the same chemical entity.

During the patented period, which is variable but may last up to 15 years, the innovator is granted a market monopoly enabling them to charge a premium price. This allows them to recoup research and development costs of the newly released drug (and others which fail to reach the marketplace), and of course also make a profit.

This system has obvious and necessary advantages to the producer who can use a proportion of the profits to continue developing and releasing further novel drug entities. However, from the point of view of the purchaser (in the case of most prescribed drugs this is the Government and ultimately the taxpayer), the patented period represents one of inflated expense – the cost of manufacture inevitably represents only a small proportion of the total

cost of the drug during its patented life. Even though a new drug would be more attractively priced if there were an immediate open market, this cannot be so, otherwise drug development would rapidly cease.

During the patented period, the branded sector is able to extensively market the product and its brand name, so that when the patent expires the brand name is strongly associated with the generic name in many prescribers' minds. Because of this, the switch to a generic equivalent does not necessarily occur immediately after the patent expires, even if there is a significant cost reduction. However, if that drug has been prescribed generically from the outset, even when no generic was available, then generic substitution may occur immediately when one becomes available. It is therefore recommended that most drugs are prescribed generically, on a routine basis, even while a drug is only available as a branded product.

When a drug's patent expires, the market is opened up and other companies are free to produce the same drug, providing they meet various regulatory processes. This inevitably brings the price down. Less aggressive marketing by generic companies may lead to a slow uptake, but competition between companies usually leads to price reductions which ultimately reduces the nation's drugs bill. This offers some compensation for that period during which a private company's research was indirectly funded by the Government (ie during the patented life).

It has been argued that it is the knowledge that every patent will eventually expire and usually be replaced by a generic version that stimulates further novel research within the branded sector, in order to maintain their long-term profits.



### Recent concerns

Manufacturers will have to cut the price of branded pharmaceuticals and branded generics by 4.5 per cent from September 30, under the revised Pharmaceutical Price Regulation Scheme. It is yet to be seen whether this will also extend to

non-branded generics. The scheme has also put a price freeze on drugs until 2001 in a bid to reduce the NHS drugs bill.

Another pressing concern is the current shortage of generics. This has been attributed to manufacturing problems, particularly as a result of the licence suspension of Regent Laboratories which manufactures drugs for generics companies on a contractual basis. This has led to the expansion of the *Drug Tariff* Category D list mentioned earlier in the article. Another consequence has been rocketing price increases. The problem is expected to be solved by the end of the year.

## Quality issues

One reason why in some practices generic prescribing rates are low is that the doctors believe that generics are of poorer quality than their branded counterparts. Since no two preparations formulated by different manufacturers are likely to be identical in every respect, the leading question is what degree of difference is significant. That a branded product is more expensive than its generic equivalent does not automatically mean that it is of superior quality or efficacy.

To reduce the likelihood of significant differences between preparations containing the same active ingredient, legal and professional agreements have been set up within the UK to oversee the quality of all medicinal products and to ensure that generic substitutes are equivalent in every sense of the word.

In order for a generic preparation to be made available for sale in the UK, it must first attain a Marketing Authorisation (formerly known as a Product Licence). The manufacturer must satisfy either the Medicines Control Agency (MCA) or the European Medicines Evaluation Agency (EMEA) regarding the safety, efficacy and quality of that product. The requirements are the same for proprietary products as for a generic preparation whose manufacturer must also submit data relating to the comparative bioavailability and clinical equivalence of its product in relation to that of the first branded drug. 'Essential similarity' between

a generic and the brand leader must be demonstrated.

As part of the initial and ongoing licensing procedure for proprietary and generic products alike, the quality of all medicinal products is monitored by the MCA Inspectorate. Market surveillance and spot checks on manufacturing premises, which need to be licensed, are also conducted by the Inspectorate to ensure that standards are maintained. The NHS Regional Quality Assurance Pharmacists' Group, comprising of NHS specialist pharmacists in quality assurance, also makes random checks on products, analyses samples, audits manufacturing facilities and collects spontaneous reports of suspected product defects from NHS staff.

Furthermore, pharmacists who are required to dispense only those medicines that have a valid marketing authorisation, must according to their code of ethics, also be personally satisfied that "both the supplier and the source of any medicine purchased are reputable". This provides an additional safety check on any medicine dispensed.

Reports of product defects are handled by the Defective Medicines Report Centre both for generic and proprietary products. Reports suggest that the incidence of reported defects is similar for branded and generic medicines.

*C&D is accredited by the College of Pharmacy Practice as a provider of distance learning until March 2000.*

## ACTION PLAN

- Obtain the local percentages of generic prescribing in your area from your local HA.
- How does the percentage of generic prescribing compare with the national and local average?
- Now look at the figures with respect to the BNF grouping. Are there significant differences between groups? Can you explain these differences?
- Add to your recordings prescriber names. Does each prescriber's generic prescribing percentage vary greatly from the local/national figure? Is it worth talking to the pharmacy adviser about your findings?

## PHARMACY UPDATE: distance learning for pharmacists

Pharmacists using *Pharmacy Update* for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, *C&D*'s readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the September 11

issue, which will cover this week's CPP-accredited modules, together with those in the August 7 issue.

In other words:

- SLE (1134)
- Depression (1135)
- Generic prescribing (1136).

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

*C&D* in association with



GENUS PHARMACEUTICALS

# Caught in the middle

Recent dental treatment has left one patient with a persistently bleeding mouth. No-one seems to want to take responsibility for the patient's dilemma. Primary care pharmacist Mary Allen investigates this unusual case history



**M**r Coren visited the pharmacy one very busy Friday morning. He appeared worried and asked one of the pharmacists whether she could supply something to stop bleeding in the mouth. He had a bottle of haemostatic solution and wondered if it was any good – it didn't seem to be helping his wife, Mrs Coren, whose mouth hadn't stopped bleeding after dental treatment two days earlier.

None of the staff recognised the American haemostatic product, which contained a complex iron sulphate salt, neither could they throw any light on it from looking in the pharmacy's information sources.

Pharmacist Jill Brown spoke to Mr Coren and learned that Mrs Coren's face was also very bruised. She didn't want to leave the house, as she looked awful and was fed up with the constant taste of blood in her mouth. Mrs Coren regularly took warfarin tablets and had forgotten to remind the dentist about this as she was distracted by the pain caused by her abscess.

Mrs Coren had subsequently approached her local GP practice, but hadn't managed to get past the receptionist, who had told her she must return to her dentist.

She had been to the local hospital A & E department. She felt the staff there hadn't been very helpful – they felt the problem was the dentist's responsibility. They had measured her INR, which they felt was OK, and told her to go back to the dentist.

Jill asked Mr Coren to call back in a while, when she hoped to have a solution to his problem. Meanwhile, she phoned the dentist

who was in a neighbouring town.

The dentist couldn't add a lot more to the discussion – he was fed up that the GP practice and the hospital staff were not very helpful.

## Why warfarin?

Warfarin is an anticoagulant, which interferes with the production of coagulation factors through interference with Vitamin K activity. It is used to treat:

- deep-vein thrombosis
- pulmonary embolism
- atrial fibrillation (to prevent embolisation leading to stroke)
- patients with mechanical prosthetic heart valves to prevent emboli developing on the valves.

Plasma warfarin levels are affected by other drugs, alcohol (especially binge drinking), general health (for example, by colds etc), and diet (particularly Vitamin K-containing foods). Warfarin therapy requires regular dose intervals and frequent INR monitoring (INR predicts/indicates prothrombin time through reference to an international standard). Jill

## What is an INR?

INR (international normalised ratio) is a measure of the time taken for blood to clot and is related to prothrombin time. It is a ratio of the patient's own prothrombin time to a control using an international reference preparation, to provide a result which is consistent regardless of the test reagents used. Currently recommended target INRs vary for different indications:

- INR 2 – 2.5 for prophylaxis of deep-vein thrombosis

learned from Mr Coren that his wife was taking her warfarin following two recent transient ischaemic attacks (TIAs). She also suffered from valvular heart disease.

Jill phoned Northwick Park Drug Information Centre for help. They were able to find evidence in recent literature showing success with topical tranexamic acid (an antifibrinolytic drug) used in the mouth to stem local bleeding in anti-coagulated patients. The literature suggested 500mg tranexamic acid in 10ml used as a mouth wash for two minutes, four times daily, for a week. This could be achieved by using 5ml tranexamic acid sugar-free elixir (Cyklokapron) added to 5ml water immediately prior to use. Alternatively, the contents of a 5ml ampoule of tranexamic acid could be diluted with 5ml water for injection.

## Prescription options

Jill realised that this would not be prescribable on an NHS dental prescription, so the various options

- INR 2.5 for treatment of deep-vein thrombosis and pulmonary embolism, atrial fibrillation, cardioversion, dilated cardiomyopathy
- INR 3.5 for recurrent deep-vein thrombosis and pulmonary embolism, and mechanical prosthetic heart valves.

INR should be measured frequently in the early days of treatment and then up to every 12 weeks once the patient is stabilised. More detail can be found in the *BNF* and other reference sources.

were a private dental prescription, or an FP10 from Mrs Coren's GP, if he could be approached. Jill would need to explain to any prescriber that this was an unlicensed use of the preparation.

A phone call to the dentist found him more than happy to prescribe the mouthwash for Mrs Coren, but Jill thought she'd have one last go with the GP practice.

She eventually made contact with the senior partner, who was quite happy to prescribe the treatment following Jill's discussion with the Drug Information Centre. He was quite appalled and embarrassed about Mrs Coren's experience with the practice staff and asked for her to call in to see him the following day.

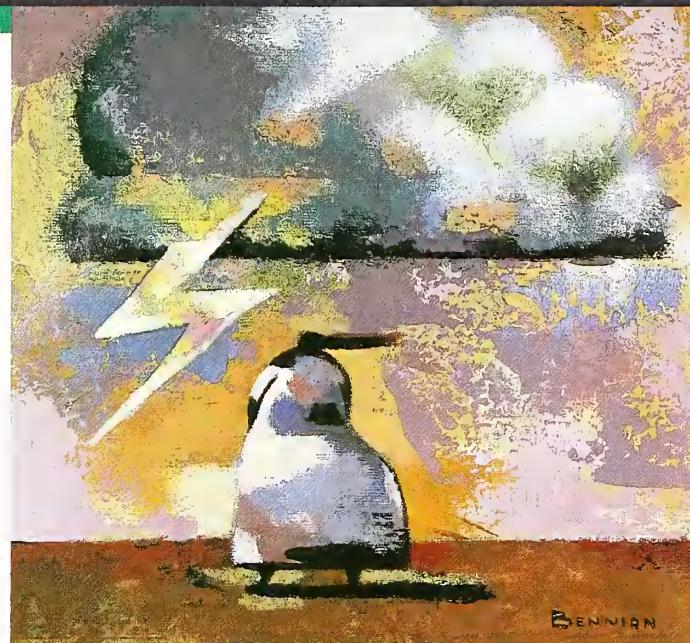
He also suggested she stopped her warfarin for three days.

Jill felt that now there was some hope of alleviating Mrs Coren's distress and that the doctor would be able to keep an eye on her.

Jill gave Mr Coren careful instructions on using the elixir. She told him that Mrs Coren should keep the solution in contact with the part of her mouth that was bleeding for two minutes and that he should time this for her – two minutes is a long time!

The next day, Mrs Coren visited the pharmacy to thank Jill. She had visited the GP and was feeling a lot better. Her face was still bruised, but the bleeding was already less of a problem.

She said she would remind the dentist about her warfarin treatment in future. The dentist would also need to consider her warfarin therapy when prescribing any future drugs: same antibiotics, including metronidazole, can affect warfarin levels.



Parkinson's disease is far from being an old person's affliction, as 37-year-old farmer's wife and mother of three **Emma Bennion** discovered

## Parkinson's disease

**P**arkinson's disease (PD) is a progressive neurological disorder that affects learned voluntary movements such as walking, talking, writing and swallowing. The three main symptoms are tremor, rigidity and slowness of movement (bradykinesia), although not everyone will experience all three symptoms.

Approximately one in 500 of the UK's population have Parkinson's disease, rising to one in 100 over the age of 65. A more surprising fact may be that one in 20 people diagnosed are aged under 40. I was diagnosed with Parkinson's disease in 1987, at the age of 37. As a farmer's wife and the mother of three children, the illness has had a marked impact on my life and on the lives of my family.

I first realised that I was becoming unwell when my usually large handwriting began to get smaller and one of my legs began to drag. I suffered from extreme and debilitating tiredness and problems such as a frozen shoulder which with hindsight I can now attribute to the onset of Parkinson's.

Like most people, I knew absolutely nothing about Parkinson's and saw it as an old person's disease, a view that still persists today, despite the increased publicity about younger people with Parkinson's. I found it extremely difficult to get recognition of my symptoms from my GP and was only diagnosed when I insisted on a referral to a neurologist. Unfortunately, I was

given little information about the disease, or about treatment options, something I feel very strongly about.

It is vital that people with Parkinson's understand the disease and are aware of what is out there to help them cope with the symptoms. Drug treatments can significantly improve quality of life, but they can have side effects. One of the most distressing of these side effects is dyskinesia, the involuntary jerking movements often presumed to be a symptom of the disease itself.

This side effect is especially common with the current gold standard treatment, levodopa, and it is important that Parkinson's sufferers know that there are alternatives. For example, a recent study has shown that one of the new generation dopamine agonists is equally as good as levodopa in controlling the symptoms of PD, but has an incidence of dyskinesia that is 15 times lower.

This sort of new discovery is being made all the time, and I am hopeful that eventually there will be a cure. Until then, the main thing is management of the symptoms and, as every person with Parkinson's is different, they must ensure that they visit a specialist to discuss which treatment option is best for them.

At the moment, I am able to keep my symptoms under control to a large degree through medication. However, I suffer from mood swings, incessant tiredness and the ignorance of the public, which are all terribly distressing. I am an extremely active person and am constantly frustrated because I cannot complete simple tasks such as writing and holding

a needle. I feel that I am not a 'complete' mother to my children and often suffer from feelings of isolation because I am so exhausted by the end of the day that I have nothing to give my family and friends.

My children have found it difficult to accept my limitations. I have few visible symptoms of PD, so the hidden disabilities are harder for them to comprehend. I can no longer plan outings with my family as I cannot walk far and I do not like to hold them back.

Before I developed the symptoms of PD, I loved to arrange flowers for weddings and do tapestry, but I am unable to do either of these now. I have also found that many of my friends cannot cope with the unpredictability of Parkinson's, the constant mood swings and fatigue making it hard to develop and keep relationships.

Despite the problems, I manage to lead an extremely active life, chairing the support group Young Alert Parkinson's Partners and Relatives (YAPP&Rs), of which there are branches throughout the country. YAPP&Rs was set up as a special interest group of the Parkinson's Disease Society of the UK to provide support for younger people with PD, and their families.

The problems of living with Parkinson's are many, not the least of which is the widespread ignorance about the disease among the public and the medical profession. However, without the disease, I may never have met or spoken to so many courageous people, nor have fully discovered the world of the young disabled – truly a remarkable experience.

## RESOURCES



**YAPP&Rs**  
Church Farm  
Bircham Newton  
Kings Lynn  
Norfolk PE31 6QZ  
Tel/fax: 01485 578592  
Provides help and support for people of working age with PD.

**Parkinson's Disease Society of the UK**  
Information Department  
215 Vauxhall Bridge Road  
London SW1V 1EJ  
Telephone: 0171 931 8080  
Fax: 0171 233 9908  
Helpline: 0171 233 5373  
Registered charity existing to help all people with Parkinson's, their families and friends. Works in areas of research, welfare, education, information, fundraising and awareness.

**Outreach Service for Black and Minority Ethnic Communities**  
Suite 312  
Bradford Court  
131 Bradford Street  
Birmingham B12 0NS  
Tel: 0121 608 1661  
Fax: 0121 608 1667

Aims to assist individuals from minority ethnic communities affected by PD.

**PDS Scottish Resource**  
10 Claremont Terrace  
Glasgow G3 7XR  
A Welsh Resource will be set up in the near future.

# St John's wort link to cataracts

**P**eople taking St John's wort then going out into bright light may be increasing their risk of developing cataracts, according to US research.

Hypericin, the herbal remedy's active ingredient, is thought to react with visible and ultraviolet light to produce free radicals. These can then lead to protein precipitation in the eye and

clouding of the lens, eventually resulting in a cataract.

Researchers presenting the results at the annual meeting of the American Society for Photobiology, are now warning that those taking St John's wort should minimise exposure to the sun by wearing hats and wrap-around sunglasses.

The side effects may be a particular problem for sufferers of seasonal affective disorder, who

combine the remedy with light box therapy. In Germany, avoiding sunbeds is recommended for people taking St John's wort.

In a recent article in *The Lancet*, one patient developed intense pain in areas exposed to the sun while taking St John's wort. It has been suggested that free radicals from hypericin damaged the patient's nerve cells.

Cows grazing on the plant have

suffered from extreme photosensitivity that in some cases has proved fatal. When exposed to bright sunlight for long periods, the animals develop inflamed and swollen tissues that make swallowing and breathing difficult.

Hypericin's reaction to light is being investigated for use in skin cancer treatment. Its side effect is being investigated as a potential therapy for killing cancer cells.

## Unlicensed drugs called upon to help fight MRSA

**D**octors are resorting to experimental drugs to fight the potentially fatal bacterium *Staphylococcus aureus* as its resistance to antibiotics increases.

Since 1993, Rhône-Poulenc Rorer has made the investigational agent Synercid (the first injectable streptogramin, which comprises quinupristin and dalfopristin), available free to doctors on request for patients who have failed to respond to approved drugs in a compassionate-use programme.

Demand for the drug has grown almost exponentially, according to data presented at the 21st International Congress of Chemotherapy (ICC) in Birmingham last month. In the first year of the emergency-use programme, 12 patients required treatment with Synercid. By the end of last year, 4,778 patients from 16 countries, including the UK, the US, Australia, Canada and South Africa, were enlisted on the programme.

The results of 90 patients treated with Synercid, presented at the

ICC, show that 71 per cent responded to therapy.

Speaking at the ICC, Dr Gary French, head of clinical microbiology and infection control at Guy's, King's College and St Thomas' School of Medicine in London, said: "Although some of the drugs we currently have are still effective, they are unreliable and they are all becoming less effective."

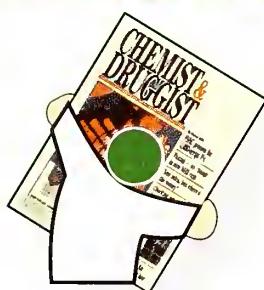
Demand for the new antibiotics has been fuelled by a rise in the prevalence of resistant strains of *S aureus* throughout the world. In

Europe 60 per cent of infections due to *S aureus* are of the methicillin-resistant *S aureus* (MRSA) subtype. In England and Wales the incidence of MRSA has risen from 3 per cent in 1992 to 34 per cent in 1998.

In addition, cases of *S aureus* resistant to vancomycin – currently the drug of last resort – have been reported in France and Scotland.

"Vancomycin still works, but if we lose it we will have untreatable *S aureus*, which will take us back to the pre-antibiotic era," he added.

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- The latest dates and venues for exhibitions and conferences can be found here – including all the latest on Chemex '99
- E-mail us and your letter could be published tomorrow!
- There are links to other WWW sites of interest to pharmacists
- Quarterly Business Trend Survey figures are a regular feature
- Features include '2000, the computer nightmare' and other key articles

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# Rotavirus may be next childhood vaccine

**R**otavirus vaccine may be included in the UK childhood immunisation programme, according to a consultant epidemiologist.

Dr Mary Ramsay, from the Public Health Laboratory Service, said a vaccine is currently going through licensing procedures at the European Medicines Evaluation Agency. However, the cost-benefit ratio of introducing the vaccine must be established before a decision is made on incorporating it into the infant programme.

Studies on morbidity from rotavirus infection must be completed before a decision can be made. It is estimated that each year in the UK, the virus is responsible for about 17,810 hospital admissions due to gastroenteritis.

As the oral vaccine can be given at the same time as diphtheria, tetanus, polio, haemophilus influenzae type b and oral polio vaccine, mass vaccination would be relatively easy to implement. There would be a substantial reduction in morbidity from



childhood gastroenteritis, but the impact on mortality rates would be limited, claimed Dr Ramsay.

Development of rotavirus infections has previously focused on the use of orally administered live attenuated rotaviruses from non-human hosts. The new vaccine contains "reassortant" strains of rotavirus (TV-RVV). These

reassortants contain ten genes from rhesus monkey strains, and one human gene.

In the US, both the Advisory Committee on Immunization Practices and the American Academy of Pediatrics recommend TV-RRV for routine use. However, the vaccine's cost puts it beyond the reach of most countries.

## Healthy diet advice causing problems

**C**onsumers offered conflicting advice about diet no longer know whether food is doing them harm or good, a survey has found.

Respondents were confused and sceptical about messages on healthy eating, with only 3 per cent trusting the Government's health campaigns. GPs were seen as the most trusted, with 57 per cent of respondents saying the family doctor was the most trusted to give advice on a healthy lifestyle.

And while 96 per cent of respondents agreed that people will have a greater responsibility to look after their own health in future, the majority of the under 35s find it difficult to follow advice on healthy eating. Current medical advice is to eat more than five portions of fruit and vegetables each day. However, two-thirds of young adults struggle to eat less than half the amount.

Problems have risen particularly from the debate on genetically modified foods, as over two-fifths of people in the Sanatogen 'Food



for thought' report responded that they fear they will not get the same amount of nutrients from genetically modified food, while a third think a drop in food quality standards will lead them to rely more on vitamin supplements. Eating a poor diet has become a long-term worry for half of all women and a third of men.

Commenting on the results, psychologist Aric Sigman said: "The most unhealthy factor appears to be the guilt people feel over their diet – if people were better informed about nutrition and nutrients then they would be able to view 'comfort' snacks in context and take a clearer look at their diet as a whole."

## Walking improves cognitive skills in the elderly

**W**alking selectively improves executive control functions such as planning, scheduling, working memory and inhibition in the elderly, according to a US study.

Published in *Nature*, the six-month study looked at changes in aerobic fitness and neurocognitive function in 124 healthy, sedentary 60-75-year-olds. Half the group were assigned aerobic exercise (walking), and the other half were given anaerobic exercises (stretching and toning).

Subjects in the walking group improved their maximum rate of oxygen consumption by 5.1 per cent, while the toning group's rate decreased by 2.8 per cent.

There were improvements in executive control functions – for example, faster switching between tasks, less distraction by irrelevant stimuli when doing tasks – in the aerobic group, but not the toning group. Performance in cognitive tasks unrelated to executive control was unchanged in both groups.

The authors believe the selective nature of the improvements is explained by executive control processes being mediated by the prefrontal and frontal brain regions. These areas show large and disproportionate changes with age. Aerobic fitness may improve metabolic and neurochemical processes, and therefore the functioning of these brain regions.



## Potato vaccine for hepatitis B?

Clinical trials are to start in the US to test the safety and efficacy of the world's first potential oral vaccine against hepatitis B. Healthcare workers who responded to a licensed, injectable vaccine will receive an oral booster dose made from genetically engineered potato that expresses the hepatitis B surface antigen.

The Roswell Park Cancer Institute will carry out the research together with the Boyce Thompson Institute for Plant Research, Cornell University, which has an exclusive agreement with Axis Genetics to collaborate on plant-based oral vaccines.

Senokot Essential  
Information

**Active Ingredients:** Each tablet contains standardised senna equivalent to 7.5mg total sennosides. Each 5ml spoonful of Syrup contains standardised senna extract equivalent to 5mg total sennosides. Each 5ml (2.73g) spoonful of chocolate Granules contains standardised senna equivalent to 15mg total sennosides. **Indications:** Relief of constipation. **Dosage Instructions:** Adults and children over 12 - Two Tablets in 24 hours, or Two 5ml spoonfuls of Syrup, or a level 10ml spoonful of Granules, taken at night; Children 6-12 - One 5ml spoonful of Syrup, taken in the morning. Tablets and Granules to be taken only on a doctor's advice. Children under 6 - Syrup to be taken only on a doctor's advice. Tablets and Granules not recommended.

**contra-indications:** In common with other laxatives Senokot should not be given when undiagnosed acute or persistent abdominal pain is present. **Precautions and Warnings:** If there is no bowel movement after three days consult a doctor. If laxatives are needed every day or abdominal pain persists consult a doctor. Senokot is colon specific. Senokot Syrup and Granules contain sugar. Senokot Tablets are sugar free. **Side Effects:** Temporary mild griping may occur during change in dosage.

**Retail Sale Price:** Tablets: 20 tablets - £1.75, 60 Tablets - £1.99, 100 Tablets - £4.79, up: 100ml - £3.05. Granules: 10g - £4.49. **Marketing Authorisations:** Senokot Tablets 0063/5000R, Senokot Syrup 0063/5003R, Senokot Granules 0063/5002R. **Supply Classification:** Through registered pharmacies only. **Holder of Marketing Authorisations:** Reckitt & Colman Products Limited, Som Lane, Hull HU8 7DS.

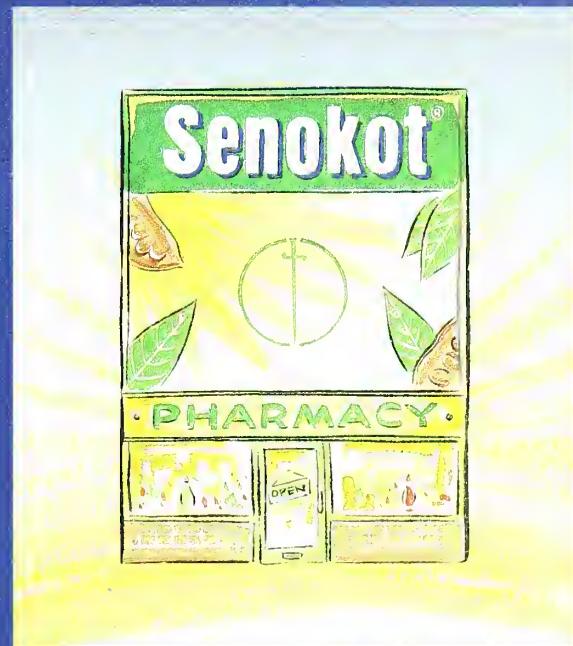
**Date of Preparation:** August 1998. Senokot and the sword and circle symbol are trademarks. Reference: 1. IRI July 1998.

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Having decreed there will be mandatory training for dispensary staff, the Royal Pharmaceutical Society needs to think its decision through, suggests **Barrie McCormick**

# Dispensing a qualified welcome

**T**he Royal Pharmaceutical Society's Council is to be commended for at last accepting that dispensing staff should be formally trained. Having decided this will take effect from 2005, the Council now has the task of deciding how and where training is to be conducted, as well as the course content. And, most importantly, what responsibilities will be held by these trained personnel.

These are among the many matters arising from the Council's decision, which Society and Council members must consider closely. However, it is of immediate concern that, as in the past, a major Council decision has again been based upon the recommendation of a study group seemingly unsupported by published data or widespread discussion with Society Branch committees. The mantra of an 'evidence-based' profession is tossed aside.

## Cost concerns

The decision has been made, yet it is of concern that the Council appears to have little or no knowledge of the costs involved, despite the economic vulnerability of the independent sector of community pharmacy. Perhaps the Council believes that in five years' time there will be so few independents to worry about that hospitals and the multiples will readily cope with the additional cost of employing qualified staff.

The profession cannot dispute that dispensary staff should be properly trained. Qualified staff have long been an important facet of pharmacy in many European countries and as far away as New Zealand. But why decide such an important matter without a full and open review, including widespread discussion among the Society's members?

We are told that a new infrastructure and qualification will be developed to provide a suitable standard of training for dispensary personnel. But what is wrong with the present National Vocational Qualification and Scottish Vocational Qualification Level 3? Why introduce a lesser level of qualification? This is surely an attempt by the Council to compromise with existing courses,



Trained technicians give pharmacists time for customers

particularly the one conducted by one of the largest pharmacy multiples.

If there are to be common operating procedures nationally, why not facilitate the proposed staff training programme by insisting that the required minimum qualification be equivalent to the existing NVQ/SVQ Level 3? Why should the profession accept less? The Council has acknowledged the desirability of this qualification. Let other courses be upgraded, there is time.

However, the desirability of formal dispensary staff training needs to be seen against a background of conflicting attitudes within the profession in this country. While complaining of their lot, a great many community pharmacists have a less than complete understanding of the professional assistance provided by qualified dispensing technicians. Too many pharmacists persist in thinking that if technicians are given increased responsibility, it would undermine the role of the profession. Rubbish.

Paramedics in the ambulance service do not undermine the role of doctors. Nor do prescribing nurses or practice nurses in local surgeries.

Pharmacists in Europe regard qualified dispensing technicians as integral to the practice of pharmacy. Neither they nor UK hospital pharmacists see their status or professionalism threatened by the presence of technicians. Indeed, a

qualified technician can help remove the professional isolation felt by a community pharmacist working alone.

For years technicians have seen their role as supporting the pharmacist, not challenging it. Daily in our hospital dispensaries we see how true this is. We even see qualified technicians checking the work of pharmacists and vice versa. One can hear the cries of shock and horror from those blinkered pharmacists who would object to having their work checked by a 'technician'.

Why do some pharmacists believe their membership of the Royal Pharmaceutical Society qualifies them to only stand at the computer typing prescription labels or to hide in the dispensary from customers seeking advice? The pharmacist tied to the dispensing bench is an anachronism and of limited value to the welfare of the public.

This situation is highlighted in the latest *Which?* magazine survey of pharmacy (C&D April 3, p4). The report stated that pharmacists had a duty to ensure that safe, appropriate medicines were sold, and that proper advice was given. Quite rightly, the survey questioned how pharmacists could do this, let alone extend their role, if they did not spend more time with customers.

The report criticised the many pharmacists who spend their time in their dispensaries. Without competent,

qualified dispensary staff, community pharmacy is unlikely to find time to provide the comprehensive patient care expected of the profession by government and the public.

With wholesaler support, community pharmacy in Australia has developed well-organised franchise systems, such as Pharmacist Advice, which allow the pharmacist to be seated at a computer workstation in a front-of-shop position to review each prescription with a patient prior to dispensing. Further discussion can take place while the technician, or a second pharmacist, dispenses the prescription, which is subject to final review by the pharmacist with the patient as necessary. Few pharmacies in the UK conduct anything remotely similar.

## More understanding

Pharmacists in the UK need to be better informed about the practice of pharmacy in other countries before they can claim changes here.

To promote a better understanding of what can be achieved with qualified staff, it is vital that the Council demonstrates to community pharmacists how qualified dispensary technicians in UK hospitals and in other countries assist pharmacists to better carry out their professional responsibilities.

Without an understanding of the need for change, we will see resistance. After all, how many UK pharmacies require their junior Saturday staff to undertake the training programme required for medicine counter assistant? Where are the Society's inspectors on this matter?

For many years the Council has avoided or refused to consider registering dispensing technicians. Now it has taken that decision. Quite apart from establishing the implementation infrastructure, it is of the utmost importance that the Council explains to community pharmacy why and how it can afford qualified dispensing technicians.

PIANA aside, Council must get out and sell this concept of a new and enhanced professional requirement as the only way forward. Council needs to inform and consult members of the Society on a continuing basis. Not issue edicts from on high.

**L**et us assume that you have reached the haven of retirement. You may even have moved to a cosy, rural retreat, but it feels a little early to be put out to grass. It's not quite time to concentrate on your golf handicap, your garden or your study of Ancient Greek.

As pharmacists are in short supply, you might as well do a day or two here and there, partly to keep you in touch with the professional world, partly to give you a few hours away from the house.

Be careful. The very reason that makes it so easy to find a few days work here and there might, eventually, make it difficult to escape. If you stick to two simple rules, you might avoid slamming shut your emergency exit.

**Rule 1:** Work for a multiple. This is odd advice from someone who has spent most of 40 years avoiding them, but it is the one way to make sure the problem of your replacement can be left to the management, which ought to have a pool of locums (they might not, but that is not your worry).

Multiples also tend to operate large branches, with a rapid staff turnover, so you are spared the risk of feeling that the staff are your friends. Your responsibility begins and ends with the days on which you are at work.

Since your employer is the 'management', you will be able to

# A job for life

Scottish locum **Anne Knox** retired to a rural idyll. But giving up the day job has proved a challenge

retire with an easy mind, without worrying about dropping any one individual into the mire.

**Rule 2:** Work in a town. This may present a problem if you live in a rural area. Living surrounded by beautiful scenery - at least in parts of Scotland - implies a small local population, and since pharmacists are in short supply, the odds against finding another handy spare pharmacist are far too long for comfort.

You begin by filling in for a few weeks, which stretches into months, or even years. In theory this may not be a bad thing, in the beginning. Rural pharmacies, especially tiny ones, have delightfully short opening hours. The customers quickly become familiar and they present civilised problems: this one likes everything but chocolate food supplements; that one lives so far out of the village that it is

easier if you drop their prescription in as you pass on your way home; the next one has lost the use of one hand, so needs a special kind of MDS.

Then you realise that you are into your third year of the temporary fill-in, and fast approaching an age at which any job, however agreeable, is becoming rather ridiculous. Too bad!

In a little village, with only one assistant, an exceptionally pleasant and capable girl, you have become responsible to the small, close-knit community, to the assistant - even to the single doctor practice, whose practice manager, aka his wife, sees no reason for upsetting the status quo. But sociably agreeable hours are too short to make it worthwhile for a pharmacist of normal working age to make the long trip out from town.

You may well say that the proprietor ought to have thought of



this in the beginning, but it is much too easy to hope nobody will be daft enough to give up such a pleasant job while they are still fit to carry on.

So be warned. If you want to do odd locums now and then, keep them impersonal. Once you belong, once you have turned into 'their' pharmacist, your conscience will give you a hard time should you think of leaving, and you feel obliged to practice 'New Age' pharmacy with increasingly elderly bones.

"You'll have to drop dead to have a decent excuse to leave us." It's very complimentary, if only I didn't have a sneaky feeling it might be true.

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# Hadley Healthcare Solutions is born

Hadley Hutt's former chairman, Mike Hadley, has set up another pharmacy software company called Hadley Healthcare Solutions (HHS).

Mr Hadley had a minority stakeholding in Hadley Hutt when it was acquired by the US company National Data Corporation two years ago. Under the deal, Mr Hadley was not allowed to work in the same field until July this year.

He is now HHS' chairman and owns half of company - the rest belongs to one of its programmers. HHS is based in Malvern and its staff includes two pharmacists, four dispensing technicians and several software programmers.

Mr Hadley said HHS had a state of the art patient medication record system, which runs under Windows NT

and has an integrated EPoS system.

The company is also offering desktop and shelf-mounted touch-screen



**Mike Hadley, Hadley Healthcare Solutions' chairman, believes it will compete well against NDC Health Information Services**

systems that cover health screening and patient tests. These include Healthy Heart cardiac risk screening and Travel Health advice, both of which print out advice and health action plans.

Other products include a range of near patient diagnostics involving finger prick samples. The company's Total Lipid Profiles and Diabetic Screening, when used with Heartscore software, are said to provide an accurate ten-year risk assessment for coronary heart disease. They also produce an action plan to reduce the risk. Other cartridge-based diagnostic tests include *H pylori*, drugs of abuse and malaria.

Mr Hadley said the software would enable pharmacists to play a more active role in promoting better health,

and they could take up the opportunities being presented in the Health Bill.

He rejected the suggestion that HHS could find the going tough against the likes of NDC Health Information Services, which has merged the expertise of Hadley Hutt, Chemtec and John Richardson Computers. "I wouldn't have started the company if I didn't think we could do it," he said. "We've got a number of people who have been working in the [pharmacy software] field for years ... And we've got a lot of original ideas for developing the pharmacist's role," he said.

HHS is currently developing a pharmacy management system, which it hopes to launch in partnership with a pharmacy chain next year.

Contact HHS on: 01684 578678.

## Gehe upgrades full year forecast

Gehe has performed better than it expected in the first half, as its pre-tax profits rose 7 per cent to €129 million (£85 million) on a turnover of €7.1 billion.

The group now expects its full year sales to rise around 7 per cent, while its profits could exceed last year's rise of 6.6 per cent.

AAH Pharmaceuticals' sales grew 9.6 per cent to €1.358 billion (£895m), which was described as a strong performance, because the UK pharmaceuticals market was "relatively slow". Improved margins and cost savings from the wholesaler's restructuring brought an "over-proportional" increase in profits.

"We expect the UK pharmaceutical market to slow down slightly in the second half, especially due to the non-recurring effect of the flu epidemic," said Gehe.

Gehe's pharmacy/retail division, which consists of Lloydspharmacy, Supersave, AFM, based in Italy, and the Czech chain Inpharma, increased its turnover 11.8 per cent to €678m (£447m). Lloydspharmacy's sales rose 5.9 per cent on a like-for-like basis. Including acquisitions, such as the Peel Street Pharmacy chain, Lloydspharmacy's turnover rose 9.7 per cent.

Gehe said AFM's and Inpharma's results justified its decision to acquire them.

The group's German sales rose 11.5 per cent to €1.527 billion, mostly due to the flu outbreak early this year. Gehe expects its German sales to slow down in the second half because doctors may prescribe fewer drugs, and another flu epidemic looks unlikely.

OCP, whose wholesaling activities cover France, Belgium, Portugal and Italy, increased its turnover 6.8 per cent to €3.110 billion.

AAH Pharmaceuticals will be introducing a national promotion campaign to ensure pharmacists are stocking essential products in the run up to the millennium, and to make consumers aware that pharmacists can meet their needs during the extended holiday period.

The campaign, called Millennium Musts, will involve up to 4,000 community pharmacists and will run from October this year until January 2000.

AAH has identified 100 top selling lines, representing ten key product categories, such as cameras and film, baby care products and contraceptives. It has organised extra stocks to ensure it can meet demand.

The lines are being promoted through AAH's *Monthly Promotion Magazine*, which is mailed to all its customers, and will be identified with the Millennium Musts logo.

From October, each Vantage pharmacy and other participating AAH customers will be sent a millennium time capsule, which will contain details of the campaign and its activities.

These include a competition for pharmacists that will offer weekends

## Medielite goes into receivership

Northolt-based Medielite, the electrical appliance wholesaler, has gone into receivership with bank debts of around £2 million.

Its trade debts were a few hundred thousand pounds, according to Buchler Phillips, a corporate turnaround and recovery practice that was appointed as receivers of the wholesaler around one month ago.

Jay Mashru, Medielite's former managing director until he sold the wholesaler two years ago, has bought its assets, which include its freehold property and fixtures and fittings, for an undisclosed sum.

Mr Mashru, now managing director of Mashco, a photo and electrical products wholesaler in Stanmore,

Middlesex, said he had not decided what to do with Medielite's assets.

Mashco, set up in July by Mr Mashru and his brother Nitin, has around 600 pharmacy clients and stocks over 1,000 lines. The wholesaler will probably attract more business as Medielite's pharmacy customers look elsewhere for their electrical goods.

Medielite was acquired two years ago by Chris Spencer-Phillips, who had a 51 per cent stake in the company, and Sound Financial Management, a venture capitalist. Mr Spencer-Phillips became the wholesaler's md.

At the time, Medielite stocked 1,800 lines and had around 1,800 pharmacy clients. In May the wholesaler launched blood sugar and fat testing kits.



**Richard Massey, pharmacist and owner of Massey Pharmacy in Kitts Green, Birmingham, will be one of 4,000 AAH customers involved in its Millennium Musts campaign**

away as prizes. Vantage Refresh pharmacists will also be offered PoS material, such as door stickers and shelf barkers, featuring the Millennium Musts logo.

AAH will run promotions through the local press, including competition offering free branded baby items. It will also run a regional coupon drop.

Steve Dunn, AAH's managing director, said: "This is not a call to frighten or cause panic ... It's simply a gentle reminder that there will be a shut down period which, due to the millennium, is longer than usual. With this approach we can put pharmacies at the front of mind for essential shopping trips, leading up to and during this period, and promote the value of local pharmacy."

# Boots to launch men's stores

Boots the Chemists is about to launch 'Boots Men' stores, which will feature only products and services covering men's grooming, health and fitness.

BTC will open a stand-alone shop in Edinburgh and an 'implant' into an existing store in Bristol in October. The company is investing £2 million in the concept, which was first proposed by its internal research and development unit in January.

It could also open Boots Men stores in railway stations, shopping centres and areas with a large office-based pop-

ulation, such as London's Docklands.

Each outlet's lines will include skincare, haircare, fragrances, condoms, sports and fitness products, fragrances, men's magazines and analgesics. Also on offer throughout the extended opening hours will be services like wet shaves and beard trims, backed by Gillette; facials using Aramis products; hair styling and head massages with American Crew products; and manicures. Prices for these treatments will range from £8 to £30. Staff, dressed in casual uniforms, will be

specifically trained to deal with male customers in an 'approachable, but not pushy' manner.

The market for grooming products has been growing at 5 per cent per annum since 1994. However, last year there was growth of 8 per cent, driven in part by the explosion in magazines such as *Men's Health*, *Loaded* and *GQ*.

Martin Bryant, BTC's director of marketing business, said the company expects to tap the untapped potential in this market and the launch of the Boots Men stores had to be put in the context of an overall strategy.

"Boots the Chemists has been expanding geographically and now has shops in Ireland, the Netherlands and Japan. In the UK, the brand has been expanding into areas of health and beauty where trust has particular relevance - travel insurance, dental services, chiropody, and the new shops are a natural extension of this," he said.

BTC is already the leading retailer in the £700 million male toiletries market, and one million men shop in its stores every week. However, it hopes the launch of Boots Men will attract a greater number of the eight million men aged between 18 and 35 who are increasingly concerned with the way they look and feel.



The 'Boots Men' stores will bring together products and services covering men's grooming, health and fitness

## Norton Advantage launches weekly credits

Norton Healthcare is giving its Norton Advantage customers weekly credits, which will enable the pharmacies to use their credits before they have paid for their order.

Under the previous system, pharmacists who bought Norton stock from a wholesaler would usually have to wait one month before they received their Norton credits. These would then be redeemed against Norton stock.

Richard Saynor, Norton's marketing

manager, said the monthly wait was affecting pharmacists' cash flow. And with the current generic shortages, pharmacists needed to react quickly when they saw some products were available.

Norton's new weekly credit system, he added, would give its pharmacy customers valuable extra time. The credits will be applied one week in arrears.

It has timed the launch to coincide with Norton Advantage's third anniversary.

Around 3,700 pharmacists belong to the loyalty scheme.

Norton, meanwhile, has launched a magazine called *Take Advantage* to give pharmacists business and clinical information. The first issue, sent out this week, has an article on business planning by Richard King, who specialises in pharmacy businesses. It also has a feature on patient packs.

Norton plans to publish *Take Advantage* every quarter.

## ADVANCE INFORMATION

The Mind & Body Spirit International Festival - 'Take a step back' - will be held over two weekends in September: on September 2-5 at Alexandra Palace, London, and on September 10-12 at G-Mex, Manchester. For further information on the festival, please contact Janet Aikman at the Impact Agency on tel: 0171 580 1770. The Jubilee Sailing Trust is holding the Windsor Cup Regatta on September 3-5 at Cowes, Isle of Wight. For further information, please contact Katherine King at the Trust on tel: 01703 49108, fax: 01703 449145 or e-mail: [k@jst.org.uk](mailto:k@jst.org.uk).

The Autumn Fair will be held on September 5-8, at NEC Birmingham.

Contact Sarah Orton/Steven Jones, tel: 01580 211070, fax: 01580 212414 or e-mail: [SOSJ@compuserve.com](mailto:SOSJ@compuserve.com).

The World Congress of Pharmacy and Pharmaceutical Sciences '99, 59th International Congress of FIP will be held on September 5-10, in Barcelona, Spain. For further information please contact FIP congresses & conferences in The Hague, tel: (31) 70 302 129 82. Access Conferences International have organised a conference on September 7-8 at the Dorchester Hotel, London. 'Marketing Lifestyle Drugs to consumers = Increased market share'. Contact Alex Verrier, conference producer, tel: 0171 840 2713. Email: [alex.verrier@access-conf.com](mailto:alex.verrier@access-conf.com).

The British Dental Association will be holding a sports nutrition seminar on September 10 at the Royal Society of Medicine, 1 Wimpole Street, London W1, 9.30am to 3.30pm. For registration form and further information please contact Katy Clarke on tel: 0171 935 0875 ext 297.

Harrogate Management Centre in association with Public Management Associates are organising a one-day conference on September 10: 'The Public Health - Our Healthier Nation - An agenda for the 21st century' at the Royal College of Surgeons in London. Further information is available from contacts Liz Haw or Fiona Tweedy, tel: 01423 506611.

## Managers acquire DP

Doncaster Pharmaceuticals (DP) has been sold for an undisclosed sum to Andy Coyne, its group sales manager, and Richard Freudenberg, financial controller. Both have become joint managing directors of the wholesaler, which specialises in parallel imports and has depots in Doncaster and north-east London. DP supplies around 1,500 pharmacies and was formerly owned by John Whitworth, who set up the business more than 20 years ago, and remains a consultant of the company.

## United Norwest tops 100

United Norwest Co-op's pharmacy group now has more than 100 outlets, following its recent acquisition of Rotahurst, a chain of seven pharmacies in Walsall, Wednesbury and Birmingham. UNC has also acquired independent pharmacies in Poynton and Cannock. Its aim is to have around 150 pharmacies.

## Kodak camera warning

Kodak has warned retailers to look out for single-use camera bodies that have been reloaded with low quality film and batteries, under poor quality control conditions, and are usually offered at low prices. If a single-use camera has been poorly loaded, you will probably find that tape has been applied to the camera case under the cardboard sleeve. The tape could have been put there to hold the camera together or to prevent daylight from fogging the film.

## ColourCare launches Masterguide catalogue

ColourCare has relaunched its wholesale supplies service as 'Masterguide' and has expanded the range of films, cameras, batteries, photo albums and frames on offer.

The company said its new look product and price catalogue would make it quicker and more convenient to check stock levels and to re-order supplies.

Products, such as ColourCare, Kodak and Fuji, are listed by brand name, along with the different specifications and prices.

Meanwhile, the company has added photo albums to its product portfolio, because they were popular with consumers when offered in promotional campaigns. Two albums are available, which hold 24 and 36 regular sized photos (7in x 5in) and which retail respectively at £2.49 and £2.99.

ColourCare is offering pharmacists a free dual-display counter top dispenser, providing they order a mixed pack of 20 albums. The company has also launched a PoS dispenser, which holds 50 films.

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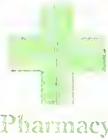
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# International rescue

Pharmacy students from around 40 countries gathered in London last Saturday and presented their own solutions to world peace: a medley of singing, dancing and drinking.

The International Night, sponsored by *Chemist & Druggist* and held at City University's Wonder Bar, was part of the 50th anniversary celebrations of the International Pharmaceutical Students' Federation.

The night was essentially a series of performances from around the world, with local food and drink being consumed throughout the evening. The executive committee and the British reception committee kicked off the show with a rendition of the 'Twelve days of congress', inspired by that famous Christmas carol. The rest of the evening's entertainment fell into distinct camps. The Dutch and Nordic countries provided the drinking games that no-one could keep up with, the British supplied the rugby songs that no-one could understand, while the African, Asian and Latin American delegates provided the dance show that everyone wanted to join in.

The most bizarre act, however, came from the French contingent and involved the removal of each other's undergarments while keeping the overgarments in their place.

If only the United Nations was as much fun.



More united nations of pharmacy on display at the IPSF Congress

## Knoll grants \$27.5m to pharmacy practice in the US

Pharmacists in the UK now have another good reason to be jealous of their US colleagues.

Knoll Pharmaceutical in the US has granted \$27.5 million to the Institute for the Advancement of Community Pharmacy for pharmacy advancement and education initiatives. Potential programmes include activities to increase the number of pharmacy graduates, accreditation of pharmacists in disease management, and public education projects on the role of the pharmacist.

"We are confident that this grant will demonstrate the great things that can be achieved when industry and pharmacy work together toward a common goal," said a joint statement from the board of directors of the Institute for the Advancement of Community Pharmacy.

Pharmacists in the UK can live in hope – most American initiatives are copied in this country eventually.

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## APPOINTMENTS

**Professor Aidan Halligan** has been appointed director of the NHS Clinical Governance Support Team. Professor Halligan is professor of foetal-maternal medicine at the University of Leicester and has been the head of obstetric service at the Leicester Royal Infirmary since February 1998.

**Konstantin von Alvensleben** will succeed Terry Hammett as md of Schwarz Pharma in the UK from September 1. Mr von Alvensleben has been heading Schwarz's marketing and sales department in France since 1996. Mr Hammett has resigned to set up his own consultancy business. Brian Caines will manage the company until September 1.

**Dr Rob Grover** will replace Dr Ian Rubin as medical director of Phytopharm. Dr Grover is the senior clinical research physician at Glaxo Wellcome, and a Fellow of the Royal College of Anaesthetists. He will join Phytopharm on September 20. Dr Rubin is leaving to become chief executive of a new drug development company.

## Out of the mouths of babes...

Tips on health promotion, first aid, and how to make the examiner laugh, gleaned from 11-year-olds' science exams:

- "To prevent contraception wear a condominium."
- "For fainting: rub the person's chest or, if a lady, rub her arm above the hand instead. Or put the head between the knees of the nearest medical doctor."
- "For head cold: use an agonizer to spray the nose until (sic) it drops in your throat."
- "To keep milk from turning sour: keep it in the cow."
- "When you breath, you inspire. When you do not breath, you expire."
- "The body has three parts – the brainium, the borax and the abominable cavity. The brainium contains the brain, the borax contains the heart and lungs, and the abominable cavity contains the bowels, of which there are five – a, e, i, o and u."

## Pharmacist plans to go 'eclipse chasing'

Despite not having a clear view of last week's eclipse, amateur astronomer Steve Lubbock is determined to spend the next few years "eclipse chasing".

Steve, proprietor of Lubbock's Pharmacy in Maesteg, Mid Glamorgan, travelled to the Lizard in Cornwall to witness the event. But, like millions of others, his view of the totality was obscured by cloud. "It was quite an awe inspiring sight, none the less," said Steve.

This was not the first time Steve had witnessed an eclipse – he had a perfect view from the Philippines in 1988 on a trip with Patrick Moore. But "the important thing was to experience it on British soil", he said. And this Fellow of the Royal Astronomical Society intends to see plenty more. In two years' time, he is hoping to be sailing off the African coast when another eclipse occurs. Then there is the trip to Antarctica for another "spectacular sight".

If you were disappointed with your once in a lifetime experience on August 11, you were not alone. Only about one in 100 people had a good view of the eclipse, according to Steve.



Whitehall Laboratories has presented a cheque for £6,500 to the National Osteoporosis Society. The money was raised through a promotion in 610 Boots stores – Whitehall made donation to the NOS for every pack of Caltrate Plus sold. Maggie Philbin (far right) and Jackie Parrington (second right) accepted the cheque from Whitehall's nutrition information manager, Linda Main (far left), and product manager, Elaine Pitts

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*Her boyfriend's an hour late  
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Stop Smoking Plan put everything into perspective. It's personalised for her, and that's how she knew a restless wait could be tough. And it's how she knew the way to cope. So why think of her pharmacist? Because at least when it comes to giving up smoking, it's good to know she's not alone.

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**NiQuitin CQ Product Information** **Presentation:** Matt, pinkish-tan, square, transdermal patches. Available in three strengths (sizes): NiQuitin CQ Step 1 (containing 114mg nicotine per 22cm<sup>2</sup> patch), NiQuitin CQ Step 2 (containing 78mg nicotine per 15cm<sup>2</sup> patch), and NiQuitin CQ Step 3 (containing 36 mg nicotine per 7cm<sup>2</sup> patch), delivering 21mg, 14mg, 7mg nicotine respectively in 24 hours. **Indications:** Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use as part of a smoking cessation plan. **Dosage and administration:** Patch users must stop smoking completely. For a habit of more than 10 cigarettes a day, start with Step 1 for 6 weeks, then continue with Step 2 for 2 weeks and finish with Step 3 for 2 weeks. For a habit of 10 or less cigarettes a day, start with Step 2 for 6 weeks then finish with Step 3 for 2 weeks. For best results complete full course of treatment. Do not use for more than 10 consecutive weeks. If patients still smoke or resume smoking they should seek doctors' advice before using a further course. Apply patch to clean, dry skin site once a day

preferably soon after waking. Remove patch after 24 hours and apply new patch to a fresh skin site. Patches may be removed before going to bed. However, 24 hour use is recommended for optimum effect against morning cravings. Wear only one patch at a time. When handling patch avoid touching eyes or nose. Wash hands after use in water only. **Contraindications:** Use by non-smokers, occasional smokers or children. Hypersensitivity to the patch or its components. **Precautions:** Use only on doctors' advice in cardio-vascular disease (e.g. angina, stroke, arrhythmias, severe peripheral vascular disease, recent myocardial infarction), uncontrolled hypertension; severe renal or hepatic impairment, peptic ulcer, hyperthyroidism, insulin-dependent diabetes, phaeochromocytoma, atopic or eczematous dermatitis. Concomitant medication may need dose adjustment due to reduced nicotine levels; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, insulin, adrenergic blockers may need dose decrease; adrenergic agonists may need dose increase. Patients should be warned not to smoke or use other nicotine-containing patches or gums when

using NiQuitin CQ. Keep safely away from children. **Side effects:** Transient rash, itching, burning, tingling at site of application should resolve on removal of patch; rarely, allergic skin reaction. Occasionally, tachycardia. Other systemic effects may relate either to using patches or smoking cessation: nausea, mild stomach upset, constipation, cough, sore throat, dry mouth, muscle/joint pain, headache, weakness, flu type symptoms, dizziness, sleep disturbance. Mild effects should resolve with continued use; if troublesome, Step 1 users can step down to Step 2 for remainder of initial 6 weeks, then use Step 3 for final 2 weeks. **Pregnancy and lactation incl. trying to become pregnant:** Use only on advice of a doctor. **Legal category:** P. **Product licence number:** NiQuitin CQ 21mg (Step 1) 00079/0347; NiQuitin CQ 14mg (Step 2) 00079/0346; NiQuitin CQ 7mg (Step 3) 00079/0345. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD. **U.K. Pack size and RSP:** All strengths 7 patches £19.95. **Date of preparation:** November 1998. **NiQuitin CQ, CQ and Committed Quitters are trade marks.**